DOCUMENT RESUME

ED 394 963 SP 036 675

TITLE	The Sports Guide: NHLBI Planning Guide for Cardiovascular Risk Reduction Projects at Sporting Events.
INSTITUTION	National Heart, Lung, and Blood Inst. (DHHS/NIH), Bethesda, MD.
REPORT NO	NIH-95-3802
PUB DATE	Oct 95
NOTE	74p.; NHLBI Information Center, P.O. Box 30105, Bethesda, MD 20824-0105.
PUB TYPE	Guides - Non-Classroom Use (055)
EDRS PRICE	MF01/PC03 Plus Postage.
DESCRIPTORS	Athletics; At Risk Persons; *Cardiovascular System; Case Studies; Guides; *Health Activities; *Health Materials; *Health Promotion; *Heart Disorders; Middle Aged Adults; Planning; Prevention; *Publicity; Volunteer Training; Young Adults
IDENTIFIERS	Health Risk Appraisal; *Public Awareness; Target Populations

ABSTRACT

The most recent national surveys of public awareness and knowledge of treatment and control of cardiovascular disease (CVD) show that health initiatives targeting specific populations are effective ways to support health promotion and disease prevention. Projects and activities outlined in this guide are directed to spectators at sporting events, especially young adults and middle-aged persons, to persons with cardiovascular risk factors, and to minorities. The publication is designed to encourage health awareness and disease prevention by promoting the knowledge that CVD may be prevented and can be treated. The guide describes how to design a project to fit the community and the target audience, how to fund the project, working with the sports community, organizing and training volunteers, marketing the event, referrals and follow-up activities, and spillover events. Themes for different types of sporting events are suggested, such as "Slam Dunk Stroke" (basketball), "TouchDOWN on Fat" (football), "Net a Healthy Heart" (tennis), "Run for Life" (track), along with suggestions for gathering data to be used in evaluating the program. Projects carried out in Atlanta, Baltimore, Hawaii, South Carolina, and New Orleans are described. Four appendixes, which comprise more than half the guide, include: planning and implementation form, data form and recording chart for screening booth, screening evaluation sheet, and media contact and coverage forms; sample publicity materials such as a press release and public service announcement (PSA) radio and video scripts; camera ready art; and resource materials that can be duplicated and distributed as part of health promotion projects. (ND)

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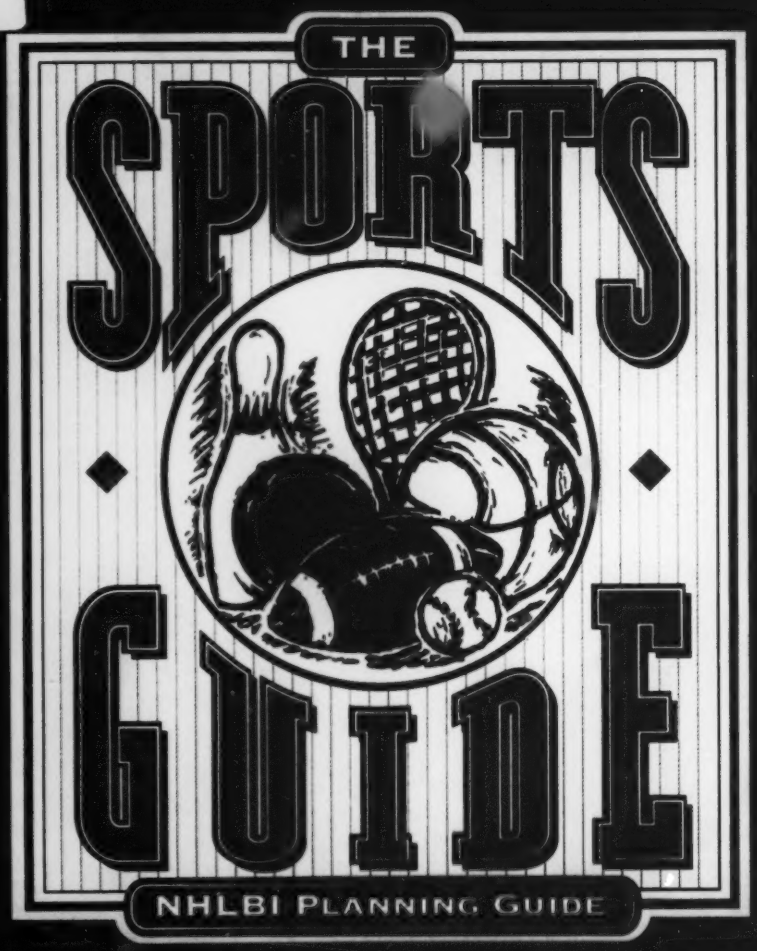

THE SPORTS GUIDE: NHLBI PLANNING GUIDE FOR CARDIOVASCULAR RISK REDUCTION PROJECTS AT SPORTING EVENTS

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NIH Publication

No. 95-3802

October 1995

NATIONAL INSTITUTES OF HEALTH

National Heart, Lung, and Blood Institute

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BACKGROUND

For more than 2 decades, the National Heart, Lung, and Blood Institute (NHLBI) has worked with a variety of health professionals to support programs of health promotion and disease prevention. Nationwide campaigns, beginning with the National High Blood Pressure Education Program (NHBPEP) and focusing on cardiovascular risk factors, have helped initiate a wide variety of State and local programs. The most recent national surveys of public awareness and knowledge of treatment and control of cardiovascular disease (CVD) show that these population-based approaches are successful. Almost everyone knows that high blood pressure, high blood cholesterol, overweight, cigarette smoking, and family history are risk factors for CVD and stroke. A large percentage of persons with hypertension are being treated, and many persons have tried lifestyle modifications to control their high blood pressure. However, the surveys also make clear that more can be done in specific areas.

In the past when specific areas of concern were identified, the NHLBI Office of Prevention, Education, and Control responded with initiatives targeting those areas. The NHBPEP developed materials, such as the *National High Blood Pressure Education Month Kits* and *Churches as an Avenue to High Blood Pressure Control*, designed to target specific populations such as persons with untreated hypertension, persons who are unaware of their blood pressure numbers, and those at high risk for developing hypertension. The National Cholesterol Education Program (NCEP) produced *Recommendations Regarding Public Screening for Measuring Blood Cholesterol* to increase public awareness of cholesterol as a risk factor for CVD and the NHLBI Obesity Education Program (OEI) has focused on improving the Nation's cardiovascular health through nutrition initiatives such as *Stay Young at Heart Kit*, developed in conjunction with the NHBPEP and the NCEP (see page 24). As we learn more information about CVD, some program goals of the NHBPEP, the NCEP, and the OEI have been redirected to special populations. For example, the Stroke Belt Initiative, begun in the early 1980s, targeted those areas of the southeastern United States that have not seen as much of a decline in the death rate from CVD as the rest of the Nation.

Now the NHLBI wishes to expand the effort to reach special populations by producing a program to bring CVD education and screenings to sporting events. The *Sports Guide* fills an identified need in a selected special population. The primary target population of the guide is spectators at sporting events, specifically young adults and middle-aged persons. Secondary target populations are persons with cardiovascular risk factors and minorities. Sporting events will provide access to many high-risk members of the population who may not be served by existing CVD prevention programs.

Message of the Sports Guide

Using a sporting event to promote good health is not unique. Participatory events, such as walkathons and various running events, as well as school fitness programs have been successful in encouraging people to take care of their cardiovascular health. Most of these programs present clear and concise health messages. However, walkathons and running events are generally held once a year as fundraisers. Communities need repetition of the message throughout the year.

The *Sports Guide* has been developed to promote health awareness and disease prevention through the use of the following messages.

- CVD may be prevented.
- CVD can be treated.

The following facts support the message and lay a base for understanding the scope of the problem.

- High blood pressure, high blood cholesterol, smoking, diabetes, overweight, and physical inactivity are risk factors for cardiovascular disease.
- In the United States, heart disease is the number one killer and stroke is the third most common cause of death.
- The number of people with cardiovascular risk factors is increasing.
- At least half the people with cardiovascular risk factors do not know that they have them.

Getting the Message Out

By distributing the *Sports Guide* through State health departments and community organizations, which can implement it through local health agencies, the hope is that it will be used as a companion to existing CVD awareness and education programs. The guide was not written to "reinvent the wheel" but as an additional support mechanism for community-based efforts in the fight against CVD.

The concept of the *Sports Guide* was developed over the past several years in response to the success of sport-related CVD awareness programs taking place in communities around the United States. These include the Strike Out Stroke programs conducted at several major and minor league baseball games, the mass screening program held in conjunction with the Bayou Classic college football game in New Orleans, and the ongoing CVD awareness and blood pressure screening at high school football games in South Carolina. These examples of exciting and innovative programs have helped to define the parameters of the *Sports Guide.* These programs and related community activities are discussed in greater detail in the Case Studies section of this guide beginning on page 17. Many of these programs are also featured on a videotape available from the NHLBI Information Center (see back cover for ordering information).

Targeting Rationale

Sporting events are an integral part of many American communities. The weekend sporting event, such as the Friday night high school football game, has become a community event that brings together diverse segments of the population. It offers a unique opportunity for health professionals to interact with a significant high-risk population. Through the use of hypertension screening and CVD education materials, the sporting event can become a vehicle to increase awareness and promote health education among young people and middle-aged males, two groups that are an important focus of the *Sports Guide.*

Young people, according to national surveys, are exercising less, gaining more weight, and eating less healthful diets than in the past. Each of these behaviors will increase the risk of CVD as this population ages. Young and middle-aged persons, especially African American males, have higher prevalence rates of high blood pressure and lower rates of treatment or control. They also are more likely to smoke cigarettes, less likely to exercise regularly, and less likely to have regular medical checkups than other age groups in the United States.

By using the sporting event as the focus of this health promotion and disease prevention activity, local health professionals, working with support from the State health agencies, should be able to develop linkages with community groups that currently serve the targeted populations. Some local groups to contact might include the American Heart Association affiliates, YMCAs and YWCAs, American Red Cross chapters, area school health offices, high schools and colleges, local health councils, neighborhood health centers, community outreach departments of hospitals, and employee health programs.

The experiences of persons currently involved in health promotion and disease prevention activities at sporting events demonstrate that they have been able to reach high-risk individuals who generally have not been involved in more traditional health promotion activities such as walkathons, elder care screenings, worksite and community screening days, or church blood pressure screenings. Another benefit of conducting CVD screenings at sporting events is developing liaisons with school clubs, college groups, and athletic teams for volunteer work and local health professional groups.

Whether you plan to use the *Sports Guide* for a large-scale event, such as a major league baseball game, or a small-scale event, such as a neighborhood soccer game, this guide can help you in planning, implementing, and evaluating a CVD health promotion and disease prevention activity. As you look through the sections of this guide, identify what you think might work in your community. You know what's best for your community and what type of program will have the greatest chance of success.

PLANNING:
HOW TO GET STARTED

The *Sports Guide* has been developed to supplement ongoing CVD health promotion and disease prevention programs at the local and State levels. Therefore, the assumption is that whoever decides to implement the *Sports Guide* activities will already have an adequate base of information about the community and available resources. However, there are some considerations that are unique to planning an activity at a sporting event.

Develop your CVD program around the sporting activities that are presently operating in your community. Keep in mind that you may be able to tie into ongoing special activities associated with one or more sports teams or events. For example, the local high school may have a basketball tournament sponsored by the local affiliate of the American Heart Association. A professional football team will probably have community relations specialists who schedule special promotions. University or college athletic departments may be receptive to targeting a certain home game for a special promotional activity. Be creative. Youth leagues (such as those sponsored by the local YMCA or YWCA), church recreation leagues, and city recreation departments are often enthusiastic about tie-in activities that increase participation and attendance at community sport activities.

Decide which level—professional or amateur—of sporting event will most benefit your community and the targeted populations the most. The benefits are different at each level. Professional sporting events may allow you to access a larger audience, but they will take a much larger effort in securing resources and volunteers; an amateur sporting event will give you access to fewer individuals, but a greater proportion of them are likely to be at high risk.

Community resources may well determine both the scope and content of your project. If there are existing CVD prevention and education programs in the community, you can avoid wasteful duplication of effort by including them in your planning.

Funding Your Sports Project

The amount of funds available for your project will help define the scale and scope of the effort. If your organization has in-house funds that may be budgeted to education and detection efforts, you will need to begin early in the planning process to secure them for your project. You will probably want to secure outside funding sources through sponsorships or grants.

Finding sponsors for a project at a sporting event may include a different circle of organizations and businesses than those that commonly sponsor health promotion activities. For local sporting events at schools or universities, some of the potential funding sources may include alumni clubs, sporting goods stores, local beverage companies (non-alcoholic), recreation departments, and athletic clubs. These also may be used for projects at professional sporting events, although you will probably want to seek sponsorship from nationwide advertisers, such as tennis shoe manufacturers, sports equipment manufacturers, media promotion departments, and brand-name food manufacturers. Advertising agencies may have an interested client looking for a project to support. For projects at any level, in-kind donations should be encouraged.

These funds can be used to print fans, t-shirts, scorecards for recording blood pressure readings, and banners; develop PSAs; and rent or purchase equipment. (Appendices 2 and 3 contain camera-ready materials and sample scripts).

Alternative Funding for Sports Activities

- Sporting goods stores/manufacturers
- School alumni associations
- Athletic clubs
- Nonalcoholic beverage companies
- Sports clothing stores
- Shoe retailers
- Banks
- Car dealerships
- Local businesses (e.g., restaurants, pharmacies)
- Recreation clubs
- Country clubs

Working With the Sports Community

Whether you decide to implement a health promotion activity at a professional sporting event or at a school or community game, you will need to begin by identifying those individuals in the sports community whose help you need to make the project successful. Is there a public relations or community event coordinator? Who are the sponsors involved in the sports activity? Who is responsible for media coverage? These are some of the individuals you should get to know.

Working With a Professional Team

Before approaching a professional sports organization with a proposal for your project, make sure that your group is well organized and that your planning is well beyond the initial phase. When you meet with the public relations or community event coordinator, begin to discuss the activities that *you* intend to provide and the resources you will need *them* to provide. Discuss sponsorship of various activities or approval of outside sponsorship. Make sure that you come with a plan for the physical setup of your screening booth or activity area.

Request that the team mascot or an athlete serve as spokesperson for media messages, the screening booth, or other community activities. Especially in minor league organizations in smaller cities, team members can serve as valuable resources for health promotion. Inquire about participation in opening ceremonies and halftime events. Develop video messages for big stadium screens and banners to hang in the stadium. Make sure to request free tickets for volunteers or key community members.

Many communities have local athletes who have progressed to become athletes with national or regional recognition at the college or professional level. These persons can attract crowds in local communities and give much needed publicity for your event. Local organizations might consider using these athletes for kickoff events or in ways that will have maximum impact in the local community.

Working With a Community or School Team

In working with amateur or school sports departments, you will want to identify the key personnel for the event, just as you would for a professional sporting event. Some additional items to be discussed in your meeting with the community or school group might be use of the school health or science club to sponsor the activity as well as to provide volunteers.

The more you can involve the coaches, players, cheerleaders, and school booster clubs at either the school or university level, the more buy-in you will have for the activity. At the school and university level, the academic community can be involved through curricular activities. Including the students, athletic teams, and community groups in the planning and implementation of the project can have a positive impact on the success of the project.

Many communities have centralized recreation departments that are responsible for scheduling sporting events throughout the year. By creating liaisons with the director or commissioner of recreation, you may find a fertile ground for delivering your message to young people who may not regularly attend sporting events.

Organizing and Training Volunteers

Many different people with a wide variety of skills and backgrounds can be involved as volunteers in a CVD health promotion and disease prevention program. Volunteers may be schoolchildren, retired citizens, college students, members of fraternities or sororities, police officers, firefighters, local business employees, teachers, church members, or health professionals. They may have special skills to contribute—in areas such as graphics, bookkeeping, or blood pressure measurement—or they may want to volunteer in ways that are usually thought of as semiskilled or nonskilled. They may want to work individually or in teams.

Volunteers can assist in planning for any aspect of the event, including administration, resource development, publicity, and screening booth activities. Tasks that volunteers can be expected to perform include collecting data to help get the program targeted properly, assessing health resources in the target community, and establishing liaisons with organizations that may be involved in the program.

Specific tasks in resource development that volunteers might perform include:

- recruiting other volunteers or groups to help in the program;
- working with businesses, organizations, and individuals to solicit donations such as project facilities, vehicles, supplies and equipment, or printing services; and
- fundraising.

Volunteers can help publicize the CVD health promotion and disease prevention program in many ways. A few of these might include:

- planning the overall effort to make the program known and understood;
- doing outreach work in the target community;
- designing and distributing posters, flyers, brochures, etc.;
- preparing press releases; and
- preparing exhibits for shopping centers, building lobbies, and other public places.

Tasks that volunteers can perform at a screening booth activity include:

- measuring blood pressure, weight, or blood cholesterol;
- counseling and educating patients;
- making referrals;
- training others to do the above tasks in accordance with the training curriculum;
- interviewing participants and completing appropriate documentation;
- directing individuals to further action;
- completing followup evaluations, including telephone contact, if needed;
- collecting data;
- entering data; and
- disseminating health education materials (Appendix 4 contains reproducible CVD educational handouts).

Training of Volunteers

All volunteers should be given basic orientation before they start work, even if the volunteers will be doing a task that they perform elsewhere on a regular basis. Volunteers should receive an overview and rationale for the CVD health promotion and disease prevention program. Volunteers also must receive specific information on who to report to, who they should seek out for questions and advice, and who is responsible for scheduling. Recognition for volunteers at the completion of the event is very important.

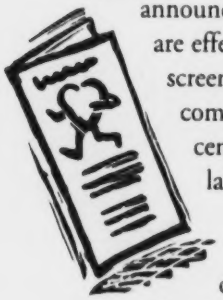
Local affiliates of the American Heart Association or the American Red Cross may be able to assist you in training for blood pressure measurement. If there is a medical school or university in your area, you may wish to contact them to set up a training session. Training a few of the athletes involved in the sports activity to measure blood pressure and weight is a novel way to gain publicity for the event.

If you plan to have cholesterol screenings, you will need trained health professionals to draw blood for the testing, for counseling and making referrals, and for quality control of the equipment. Local health professionals, the Red Cross, nursing organizations, hospital community outreach programs, and your area health department may be able to assist you, or you may have local hospitals make appointments for screenings in their clinics at another time. (Guidelines for high blood pressure screenings and blood cholesterol screenings are available [see resources on page 24]).

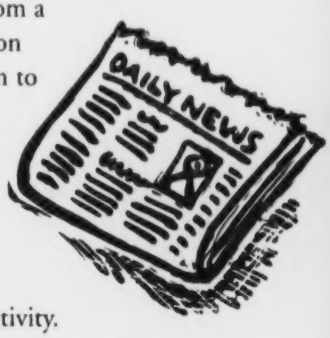
Marketing the Event

The success of any activity will depend largely on the amount of media coverage, both before and after the event. For large community sporting events, such as a college football game, you will want to publicize the event in as many venues as possible—television, radio, newspapers, alumni newsletters, sports publications, etc. Get to know the local radio and TV sports commentators and newspaper sportswriters to help get publicity for the event. Your coverage should be scheduled to begin well before the scheduled event. Six months is generally enough advance time to start planning for the event.

For more local events, such as a high school football game, school newspapers, handbills at games prior to the project, and public address announcements during the school day are effective ways to publicize screenings. Placing flyers in community grocery stores, recreation centers, barbershops, carryouts, laundromats, gyms, doctors' offices, and health centers is an effective way to blanket the community with information about the event.



Contact your event sponsors for their ideas about marketing. Involve them in marketing the event. Sponsors benefit most from a highly visible identification with the event. Ask them to donate both money and people in the marketing effort. Emphasize the community-wide exposure sponsors will receive from a successful public CVD screening activity.



Develop sample press packets, and send them to appropriate media outlets. Depending upon the intended outlet, the packet could include a press release, television or radio spots, print ads, schedule of events, or brief article ideas to create awareness of your group and project. (Appendices 2, 3, and 4 contain a sample press kit cover, press release, high blood pressure print ad, and background information on CVD.)

Involving community groups from the beginning in marketing and planning the event is critical to the success of the project. They may have newsletters, grocery and pharmacy displays, regular talk show involvement, and connections to church leaders. Community groups are often better connected to the target population.

Emphasize their important role in educating and influencing local public opinion as well as the benefits they will derive from involvement in your event.

If your program is targeting specific populations within the community, such as young people, you should identify ways to publicize the event that will include the target population. Certain community organizations may have access to your target population.

Be creative! Have a program representative appear on a local radio or television talk show, land a hot air balloon on the school grounds before the screening, hold a contest before the event, or invite a team mascot who can visit malls to publicize your event.

Marketing Ideas for Sporting Events

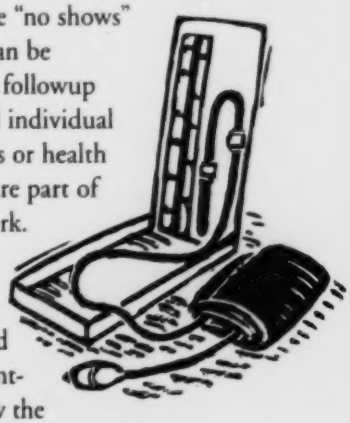
- School and community newspapers
- Announcements and guest appearances on local TV, cable, and radio stations
- Handbills at prior games
- Hot air balloons
- Video messages
- Press packets
- Grocery and pharmacy displays, circulars, and bag stuffers
- Team mascots as spokespersons
- Buttons
- Fans
- T-shirts

Referral and Followup Activities

During the CVD screening process, some individuals should be directed to a source of care for confirmation of your observations. If you are planning blood cholesterol screenings, remember that results may not be immediately available unless a portable analyzer is used. Guidelines for testing blood cholesterol are available from the NHLBI Information Center (see resources on page 24).

Referral and followup activities were mentioned by coordinators of the events described in the case studies section as a very important part of a community screening activity (see page 17). Every effort should be made to arrange appointments for medical care and verification within 48 hours of the time a person was screened to ascertain whether the appointment was kept and to urge those not keeping appointments to seek care soon.

During the planning phase of your activity, identify all possible sources of care to which patients can be referred and verify firmly that those sources are willing to accept your referrals. Arrange a way to find out whether appointments were kept, and urge "no shows" to get care. This can be accomplished with followup calls to the referred individual or to the physicians or health care facilities that are part of your referral network.



Be ready with a plan to educate patients on the need to keep their appointments and to follow the physician's directions exactly. Of utmost importance, know in advance where people with no personal physician can go to get care.

To have a maximum impact on the health of the community, referral and followup activities should be an integral part of the CVD health promotion and disease prevention program.

Spillover Events

Spillover events can be planned to occur before, during, or after the sporting event. These events help connect the event to the entire community. Some low-intensity projects might include signs at community athletic fields; grocery or pharmacy involvement, such as messages on posters or displays, shopping bags, bag stuffers, and cash register receipts; relevant activities in school health, physical education, and science classes; reports in local newspapers or talk shows; messages on restaurant menus or placemats; and secondary sponsorship of other local events.

You might consider holding some high-intensity spillover events to reach persons who will not attend the sporting event. If you have built a community coalition for your CVD awareness and health promotion activity, you may want to assign some spillover activities to coalition members as a way to strengthen the ties between members. Some high-intensity activities that have been successful in other communities are:

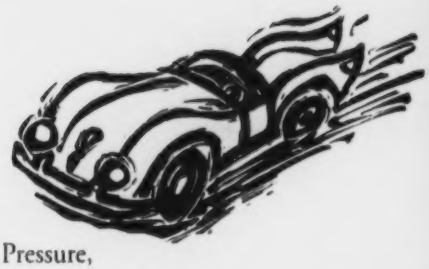
- conducting cardiovascular risk factor screenings and disseminating educational materials at community sites, such as recreation centers, barbershops or beauty salons, grocery stores, pharmacies, PTA groups, and retirement centers (Appendix 4 contains reproducible educational handouts);
- encouraging seminars for health professionals in your area to include your project as an example of local CVD disease prevention and health promotion activities; and
- scheduling media interviews in the local media (i.e., television, radio, newspapers).

Many of these activities may already be a part of the State CVD education and prevention programs. In this case, the sporting event can become an adjunct activity that will fit easily within the structure of ongoing programs. At the conclusion of your CVD health promotion and disease prevention program, you may want to use the momentum from your event to initiate an ongoing program in the community.

Spillover Events To Reinforce Your Message

- Screenings at:
  - recreation centers
  - churches
  - barbershops/beauty salons
  - retirement centers
  - pharmacies
  - grocery stores
  - farmers' markets
- Pep rallies before the game
- Professional seminars
- Media interviews
- Talk shows

Themes for Different Sporting Events

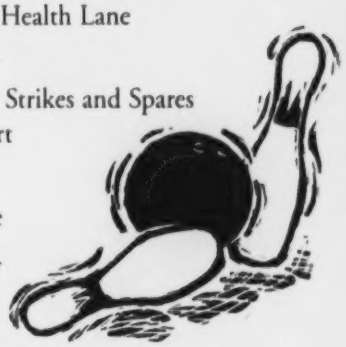


Once you have the go-ahead for the activity, decide on a theme that will attract the attention of the audience. Some examples of themes by sporting event might include:

- Baseball/Softball
  Strike Out Stroke, Foul Out on Fat, Home Run for Heart Health
- Basketball
  Slam Dunk Stroke, Hoops for Healthy Hearts

- Soccer
  Kick Out Stroke, Score a Goal for Physical Activity
- Football
  TouchDOWN on Fat, Down on Stroke
- Boxing
  Knock Out Stroke, Weigh-In Light

- Car Racing
  Watch Your Pressure, Finish First in the Health Lane
- Bowling
  Strike Out Stroke, Strikes and Spares for a Healthy Heart



- Wrestling
  Take Down Stroke
- Demolition Derby
  Demolish Stroke
- Tennis
  Love Physical Activity, Net a Healthy Heart
- Swimming
  Dive into a Healthy Lifestyle
- Track
  Run for Life

Program Evaluation

Some form of evaluation is essential to the program and can serve many purposes. Program resources should be devoted to evaluation in order to measure the progress and success of the program, to identify problems in carrying out the program, to plan modification of the program, to plan for future programs, and to justify funds spent and requests for new funds. In each of the case studies presented in the *Sports Guide* beginning on page 17, the importance of program evaluation was suggested by the program coordinator.

Among the proven methods of conducting a successful evaluation are designing the program evaluation with the objectives stated in measurable terms, pretesting your evaluation method, having a clear plan to collect the data, and setting up a system to process the data as they come in. It is also important to know who will need the information collected, have a way to get it to them quickly, and know how they intend to use it. A sample evaluation form is included in Appendix 1.

Some suggested data to be collected during the planning and implementation of the CVD project include:

- ✔ number of participants attending the event (by age, race/ethnicity, and sex);
- ✔ number of participants screened for each cardiovascular risk factor;
- ✔ number of participants identified at high risk in each category;
- ✔ number of participants referred to health care facility;
- ✔ number of participants requiring followup contact (e.g., appointments scheduled and telephone calls to be made);
- ✔ number of materials distributed;
- ✔ number of public service announcements placed and aired;
- ✔ number of articles printed and circulated; and
- ✔ number of personal interviews placed or aired in the media.

Data can be collected on the Data Form, Recording Chart, Planning and Implementation Form, Screening Evaluation Sheet, Media Contact Report, and Media Coverage Form provided in Appendix 1.

Putting it All Together–Case Studies

Exciting and innovative programs around the country are too numerous to list in this guide. A few are mentioned here to illustrate what can be done with teamwork and creative effort.

Strike Out Stroke—Baseball

The Strike Out Stroke (SOS) campaign was begun in conjunction with the NHLBI Stroke Belt projects, a concerted effort to reduce the death rate from stroke through implementing prevention strategies targeted to African Americans and improving the delivery of patient services. The Stroke Belt projects involved 12 State health departments, primarily in the southeastern United States, and were aimed at the principal risk factors for stroke—high blood pressure and smoking—through screening and nutrition or health education.

Atlanta

The Atlanta Braves major league baseball team held the first SOS Day in 1990. The event included public service announcements (PSAs) on local radio and television programs, announcements at the game, and video messages played on the big screen at the stadium featuring a player and the Secretary of the Department of Health and Human Services (an Atlanta native). At the game, spectators received handouts and information on hypertension and stroke. Blood pressure screening booths were set up inside the stadium, and participants received wallet cards with their blood pressure readings recorded as well as SOS buttons and fans. Screenings were performed by volunteer nurses and physicians. At the first SOS Day, more than 200 people had their blood pressure checked.

The Atlanta Braves have continued to schedule SOS Day during their regular season, and the SOS Day program has expanded elsewhere. Minor league baseball teams, such as the Jackson Mets and the Richmond Braves, as well as the University of Arkansas Razorbacks have worked with the SOS campaigns to sponsor hypertension screenings at their games.

Atlanta SOS Day Activities

- TV and radio PSAs
- Video screen announcements
- SOS buttons for participants
- SOS fans for participants
- Wallet cards at screening booth
- CVD and stroke information
- Mascot involvement

Contact: Jerry Brown, Program Manager
Stroke and Heart Attack Prevention Program
Georgia Department of Human Resources
Two Peachtree Street, N.E., Room 6.500
Atlanta, Georgia 30303

(404) 657-6630
fax (404) 657-6631

Baltimore

The Baltimore Orioles—working collaboratively with the Community Health Assessment and Monitoring Program (CHAMP), Bon Secours Hospital, the University of Maryland Medical School, and the NHLBI—sponsored a SOS Week. SOS Week included events at an Orioles baseball game as well as community events throughout the week preceding the game. The community events targeted high-risk individuals who would not attend the game. A press kit was developed and distributed to local newspapers and television and radio stations. Radio and television interviews were scheduled with local health educators and NHLBI staff. The event was advertised in community newspapers, church bulletins, and supermarket flyers. A PSA featuring an Oriole ballplayer was produced and shown on the stadium video screen during the game.

Young adults and adolescents from the community were trained in blood pressure measurement and cardiovascular risk reduction. According to the coordinator, this turned out to be one of the most beneficial aspects of the project and should be considered by other groups working with this population.

On the day of the game, banners were hung in the ballpark, announcements were made over the public address system, and screening booths were set up inside the stadium. During the game, the screening locations were advertised on the scoreboard. A former Oriole pitcher was present at the screening booths to sign autographs. Wallet cards, fans, and NHLBI consumer publications also were distributed at the screening booths.

Baltimore Strike Out Stroke Week Activities

- Community outreach at:
  - barbershops
  - libraries
  - farmers' markets
  - community basketball courts
  - pharmacies
  - grocery stores
- Professional symposium
- TV and radio PSAs
- Banners at the ballpark
- Video screen announcements
- SOS buttons and fans
- Fans autographed by Florence Griffith Joyner
- T-shirts for volunteers and participants
- Wallet cards at screening booth

More than 230 people were screened at the game; 25 percent were found to have elevated blood pressure. Referrals were made, but there was no method of followup.

Community Events

The community spinoff activities for the Baltimore SOS Week included blood pressure screening, stroke risk assessments, cholesterol quizzes, and distribution of educational materials. Locations for the spinoff activities included pharmacies, barbershops, community basketball courts, libraries, farmers' markets, and grocery stores. At the community screenings, four individuals were taken to the hospital for emergency care due to the severe elevation of their blood pressure. One-third of the almost 600 people screened at these community locations had elevated blood pressure readings.

The SOS program was repeated in Baltimore in 1994 and 1995. In 1994 the event was held in conjunction with a SOS night. A local professional symposium on hypertension featured Florence Griffith Joyner, co-chair of the President's Council on Physical Fitness. In 1995 a primary prevention symposium was held for physicians highlighting the latest research on CVD in children and adolescents. Symposium volunteers and participants received complimentary tickets to the ballgame, t-shirts with the SOS logo, and professional education materials produced by the NHLBI. Because of the success of the programs and the level of support from the Baltimore Orioles, it is anticipated that SOS Week will continue to be an annual event.

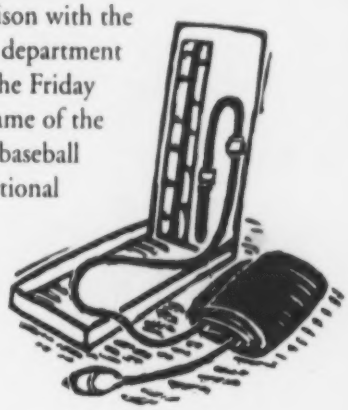
Contact: Sarah Reese-Carter, Nurse Consultant

Maryland Department of Health and Mental Hygiene
Medical Care Policy Administration
201 W. Preston Street
Room # 135
Baltimore, Maryland 21201
(410) 225-4804
(410) 333-5185 fax

Rainbow Classic

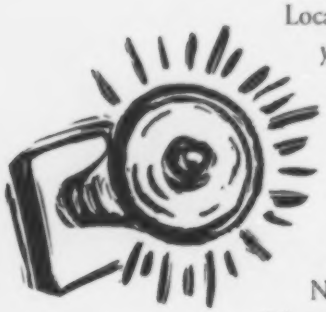
The Hawaii State Health Department, after reading about the Atlanta and Baltimore Strike Out Stroke activities, developed a sports-related screening program as an adjunct to their ongoing cardiovascular health promotion and disease prevention campaign. The implementation of the project, Strike Out Stroke and Heart Disease at Rainbow Stadium, occurred through an existing coalition of community groups organized for the purpose of promoting National High Blood Pressure Education Month activities. The coalition consisted of local fire department personnel, the Hawaii affiliate of the American Heart Association, insurance companies, health care organizations, representatives from private enterprise, and local community groups.

The coalition developed a liaison with the University of Hawaii athletic department to hold CVD screenings on the Friday night during the last home game of the Hawaii University Rainbows baseball team. This occurs during National High Blood Pressure Education Month, in May, and represents only one screening activity among many held as part of the month's activities.



During the weeks leading up to the Rainbow baseball game, the coalition held CVD screenings in large shopping malls in Honolulu. The CVD screenings were held as part of a larger health fair and included blood pressure and blood cholesterol measurement as well as information on nutrition and physical activity. Because of the high incidence of diabetes in Hawaii, local diabetes voluntary health organizations and the Kidney Foundation also participated.

Public service announcements in the weeks leading up to the Rainbow baseball game were aired on local radio and TV stations. Flyers were distributed at shopping malls, pharmacies, and Rainbow games prior to the screening.



Local firefighters participate in a year-round blood pressure screening program at the firehouses. Each screener is State-certified in a program developed by the State hypertension program. These firefighters also are used at National High Blood Pressure Education Month activities.

On the day of the baseball game, PSAs are aired over the stadium loudspeaker and during the TV and radio broadcasts of the game. A local community leader or local celebrity, such as the host of a local TV show, throws out the first pitch to begin the baseball game. Banners are hung around the stadium, and the announcer advertises the location of the CVD screening booths. At the baseball game, blood pressure screening is provided by State-certified pharmacy staff from a local food supermarket chain.

At the booth, blood pressure screenings are performed and wallet cards are given to participants. The wallet cards have blood pressure categories—defined by the NHBPEP's Joint National Committee on Detection, Evaluation, and Treatment of High Blood Pressure— printed on the reverse side. Blood cholesterol screenings are performed by health professionals, but a fee is required for the test. Educational materials, provided by the NHLBI as well as by the State health department, on CVD and cardiovascular risk factors as well as information on nutrition and physical exercise are available at the screening booth.

Participants at the screening booth were asked to complete a permission form that included four questions: (1) Have you ever been told you had high blood pressure? (2) Have you ever been prescribed medication for high blood pressure? (3) Are you now taking medication for high blood pressure? (4) Have you made lifestyle changes to help control high blood pressure?

Rainbow Classic Activities

- Community screening activities at:
  - fire departments (year-round)
  - shopping malls
  - pharmacies
- Event publicized at prior games
- Event held same weekend each year
- TV and radio PSAs
- Certification program for screeners
- First pitch thrown by celebrity
- Wallet cards at screening booth
- CVD and hypertension information at booth
- Followup procedures

The most recent evaluation of the Rainbow Stadium project found that, of the 132 persons screened, 67 percent had normal blood pressure and 33 percent had elevated blood pressure. Of persons being screened who reported that they had no history of high blood pressure, 18 percent were found to have high blood pressure. Persons with high blood pressure were referred back to their source of care or received a list of clinics that accept patients on a sliding pay scale. Followup letters were sent a week after the screening. For persons found to have "severe" high blood pressure, telephone calls are initiated shortly after the screening by program nurses.

The screening activities at Rainbow Stadium have been successful in reaching the 30- to 50-year-old population that generally is the least likely to have frequent physician contact. The fact that nearly 20 percent of persons with elevated blood pressure had never been told they had high blood pressure illustrates the need for community-based health promotion activities.

Football

Medical University of South Carolina

The Medical University of South Carolina Blood Pressure Pilot Project was designed using the model of the Strike Out Stroke program begun by the NHBPEP. Using this model, the project was implemented at high school football games, which traditionally involve the entire community. Harleyville-Ridgeville (HR) High School is a relatively small rural school with a significant percentage of African Americans in the student body. A typical high school football game draws 100 to 700 spectators.

Planning for the project involved the HR Health Club, which consists of students interested in careers in health. A decided benefit in using the club was that students were able to encourage participation in the screening. Publicity in the form of newspaper articles before and after the football game helped create community interest. The South Carolina affiliate of the American Heart Association provided literature and measurement reporting cards that were distributed during the project. One advantage to a program of this scale was that the project involved minimal costs to the local volunteer organizations.

Medical University of South Carolina Pilot Project Activities

- Involvement of high school clubs
- School district support
- Newspaper publicity
- Use of medical school students
- Pep rally

Medical school students were trained to measure blood pressure. The HR Health Club members assisted the medical students at the screening booths, and the health education director of a local school district acted as supervisor. Volunteer nurses and physicians were available during the screening.

Data compiled after the pilot project demonstrated the benefits of such a project. Of the 200 football game spectators, 65 were screened. Of those, 29 were found to have elevated pressures (systolic blood pressure of 140 mm Hg or greater or diastolic blood pressure of 90 mm Hg or greater). Of the 29 people with

elevated pressures, fewer than half had ever been told that they had high blood pressure, and 3 were currently taking antihypertensive medication. Those persons with elevated blood pressures were encouraged to see a physician, but no followup program was implemented.

The pilot project was deemed a success and has led to planning for a more ambitious project in the future, to include expanding the project to more high schools, implementing a system of data collection and epidemiological analysis, and implementing a referral system.

The coordinator felt that involvement of the student health club made a big difference in the success of the project. In the future the student club may be used to help implement a system of callbacks to individuals who were referred to physicians. The coordinator also indicated that one of the greatest benefits to the community will be the reduction of the socioeconomic costs of high blood pressure through a program of education and awareness.

Contact: Dr. Daniel Lackland

Department of Biometry and Epidemiology
Medical University of South Carolina
171 Ashley Avenue
Charleston, SC 29425
(803) 792-2261
fax (803) 792-0539

Healthy Heart Community Prevention Program

The Healthy Heart Community Prevention Project (HHCPP) is a component of the New Orleans Medical Association's Healthy People 2000 Program. The program is based on objectives for improving the health of African Americans by the year 2000.

In the fall of 1993, the HHCPP held its first public screening for high blood pressure at the annual Bayou Classic football game at the Superdome in New Orleans. The Bayou Classic features football teams from two historically black universities, Grambling State University and Southern University. The football game is one component of an innovative targeted strategy to educate and encourage African

HEART HEALTHY COMMUNITY PREVENTION PROGRAM HIGHLIGHTS

- Kickoff event of larger community CVD intervention
- Involvement with collegiate football at historically black universities
- National and local National Medical Association support
- Multiple screening sites in enclosed rooms
- Weeklong community screenings
- Student volunteers

Americans in New Orleans to adopt activities that will lower their risk of heart attack, high blood pressure, and stroke. Other components include hypertension screenings in barbershops and beauty salons; heart health education classes in churches; and professional education seminars for physicians, nurses, and allied health workers.

The Bayou Classic football game attracts more than 60,000 fans and a national television audience of millions. Stations for CVD screening are strategically placed around the stadium in rooms off the main concourse. Each station is staffed with seven nurses and three doctors—all volunteers. Counseling is available for persons who have high blood pressure, and referrals to preselected physicians or clinics are routinely made from a printed list. Wallet cards with recorded blood pressures are given to each participant. Education materials, such as pamphlets and 1-page fact sheets, are useful tools for getting the message across.

In 1993, approximately 1,000 participants were screened at the Bayou Classic, and 277 had elevated blood pressure. The success of this effort has allowed the HHCPP to gain community recognition and support from many local and State organizations. The Bayou Classic kickoff initiated the HHCPP's program of education and disease prevention in the New Orleans area.

The coordinators of the program feel that involving students from the university made acceptance easier. They also received invaluable support from the staffs of the Superdome, the New Orleans Medical Association, and the two universities. They noted that the event takes a great deal of coordination for a project of this size, but the benefits to the community are incalculable.

Contact: Keith Ferdinand, M.D., F.A.C.C.
Medical Director

Heartbeats Life Center - New Orleans
1201 Poland Avenue
New Orleans, Louisiana 70117
(504) 943-1177
fax (504) 943-1298

Resources

The following resources are available from the NHLBI Information Center.

Contact:
NHLBI Information Center
P.O. Box 30105
Bethesda, MD 20824-0105
telephone (301) 251-1222
fax (301) 251-1223.

1. National High Blood Pressure Education Program.
   Churches as an Avenue to High Blood Pressure Control.
   NIH Publication no. 92-2725.

2. National Cholesterol Education Program.
   Recommendations Regarding Public Screening for Measuring Blood Cholesterol.
   NIH Publication no. 95-3045.

3. National Cholesterol Education Program.
   NHLBI Obesity Education Initiative.
   National High Blood Pressure Education Program.
   Stay Young at Heart Program Kit.
   NIH Publication no. 94-3648.

   Stay Young at Heart is NHLBI's point of purchase nutrition education program. The purpose of the program is to help cafeterias, restaurants, schools, and other eating establishments to prepare and serve heart healthy-foods to the public. The kit contains 50 heart-healthy recipes for quantity food production and 50 matching consumer recipes. The kit also provides heart-healthy nutrition education materials in a reproducible format some of which are also included in the Sports Guide beginning on page 46.

APPENDICES

The following materials are included in this guide to help you design a CVD risk reduction program at a sporting event in your community.

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- Data Form and Recording Chart for Screening Booth
- Screening Evaluation Sheet
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- Press Kit Cover
- Blood Pressure Reading Wallet Card
- CVD Educational Handouts

Planning and Implementation Form

Materials Distributed

(Check One)	Titles	No.
❑ Pamphlet		
❑ Poster		
❑ Film		
❑ Other		

PSAs	
Titles	No.

Articles	
	No.

Personal Interviews	

Date:_____

Page ___ of ___

DATA FORM

Date: / /

Identification No.:

Location:

Name: First Middle Last Sex: ❑ Male ❑ Female

1. Have you have your blood pressure checked in the last 12 months? ❑ Yes ❑ No
2. Have you have been told that you have high blood pressure (hypertension)? ❑ Yes ❑ No

If yes, please check the kinds of blood pressure treatment you are on:

❑ Low-Sodium Diet ❑ Medicine ❑ Weight Loss Diet ❑ Other

I hereby give permission to have my blood pressure measured for the purpose of detecting possible high blood pressure (hypertension). If my blood pressure is elevated, I understand that I shall be advised of such.

It is also my understanding that this information is confidential and will only be used for followup and program development and evaluation purposes.

_____

Signature (Mandatory)

RECORDING CHART

Blood Pressure Readings (Left Arm/Seated)		**Screener's Initials**
Reading 1:	/	
If Elevated:		
Reading 2:	/	
5 min. later		
Reading 3:	/	

Referral Information (check one):

❑ Referred ❑ Not Referred ❑ Rescreen

Height:

Weight:

Average of 3 Readings: /

Date	BP	BP	BP	Avg. BP/Weight

Comments:

Screening Evaluation Sheet

	Sex		Race/Ethnicity						Age	BP Elevated		On BP Medication		Referred		Followup Needed	
No.	Male	Female	Black	Hispanic	White	API[1]	AN/NA[2]	Other[3]		Yes	No	Yes	No	Yes	No	Yes	No
1																	
2																	
3																	
4																	
5																	
6																	
7																	
8																	
9																	
10																	
11																	
12																	
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14																	
15																	
16																	
17																	
18																	
19																	
20																	

Date: _____ [1]Asian/Pacific Islander [2]Alaskan Native/Native American [3]Specify Page ___ of ___

Media Contact Report

Date: **Time:**

Call initiated by: ❑ You ❑ Reporter/Station

Publication/Station:

Circulation/Audience:

Assignment Editor/Reporter/Producer:

Other Contact (optional):

Address:

Phone: **Fax:**

Comments: ❑ Coordinator named

Action Taken:
- ❑ Reporter will cover story
- ❑ Reporter will phone Coordinator
- ❑ Faxed/sent more information
- ❑ Will call reporter back at _____
- ❑ Other

Coordinators may use this form to track calls to media

Media Coverage Form

Date	Contact Name/Media/Phone	Comments	Air/Print Date

SAMPLE PRESS RELEASE

For Immediate Release
(Date)

Contact: person,
organization ,
phone and fax
(if applicable)

_____ Hosts Major Event To Strike Out Stroke

On (date), _____ will host a special "Strike Out Stroke Night" at the _____ in _____. Booths will be set up to give free blood pressure tests and hand out free information on how to prevent stroke and heart disease, the nation's leading cause of death. Stroke is the third most common cause of death among Americans.

"Strike Out Stroke Night is an opportunity for people to have fun and do something positive for their real home team—their family," said _____, _____ with the _____ (job title and department), who is coordinating the special night.

(add following if applicable) Other sponsors of the event include _____ and _____.

The Strike Out Stroke event is part of a larger Federal effort to reduce stroke rates throughout the Southeastern U.S., a region with the Nation's highest death rates from stroke. The effort is funded by the National Heart, Lung, and Blood Institute (NHLBI), part of the National Institutes of Health, located in Bethesda, MD.

High blood pressure is the major risk factor for stroke and also increases the chance of heart disease. One of every four Americans has high blood pressure, known as the "silent killer," since it usually has no symptoms. (add a local/State statistic, if available.) Once developed, high blood pressure lasts a lifetime and must be controlled.

But high blood pressure can be prevented or, if already developed, controlled. Often, four lifestyle changes can lower blood pressure to a healthy level: limit the intake of salt and sodium, lose excess weight, become physically active, and, for those who drink alcohol, do so in moderation.

Those with high blood pressure also may need to take medication to control their condition. And, for good health, all persons should quit smoking cigarettes.

"We want people to know that they can and must take action against high blood pressure to prevent stroke," said _____ . It's very important that people learn how because stroke is a devastating illness.

_____ added that the NHLBI has a toll-free information line that gives recorded messages on the prevention and treatment of both high blood pressure and high blood cholesterol, another condition that increases the risk of heart disease. The number is 1-800-575-WELL, and callers can leave their name and address to receive more information.

"We can strike out stroke in our families and our community. All we have to do is get in the game—and play to win," said _____.

(insert if relevant) Other Strike Out Stroke Night activities include _____, _____, _____, _____, and _____.

(insert if relevant) For those who cannot attend the Strike Out Stroke Night, free blood pressure tests will be given at _____ on _____.

For more information about any of these activities, contact _____ with _____ at (add phone) _____.

Anyone interested in volunteering to help with Strike Out Stroke Night should contact _____ by (date) _____.

ADDED SUGGESTIONS:

- In writing the press release, be sure to note special activities at the event—celebrity appearances, giveaways, etc.
- Further, if a popular celebrity is making an appearance, then he/she should be mentioned in the lead. For example:

  On _____, [Star Pitcher (name)] will lead the attack against stroke—and area residents are invited to join his team. The event is a special "Strike Out Stroke Night," hosted by the _____ at the _____ in _____.
- If you have one or two statistics about cardiovascular and cerebrovascular disease in your State/locality, then you could include them, as noted in the sample release.
- When you speak to a reporter, you can mention any relevant studies under way in your area, including research at an area college or a health promotion project being conducted in the community. Be sure to check first with any researchers or public health officials whose work you want to mention to a reporter. Ask if they will speak with the reporter and, if so, suggest their availability to the report.

TV/Radio Announcer's Copy

TV/Radio Announcer copy for broadcast during game:

1. Initial announcement:

   It's strike out stroke night here at _____ .

   The _____ want you to join them in their campaign to reduce high blood pressure, the leading cause of stroke in the country. They urge all fans to get their blood pressure checked today. And if you have high blood pressure, you can strike out your risk for stroke by taking your medicine every day, cutting down on salt and alcohol, watching your weight, and being physically active. So, get your blood pressure checked and strike out stroke today. To find out where you can get your blood pressure checked for free, call _____. And strike out stroke today.

2. Subsequent mentions:

   Fans, the _____ need your help in striking out stroke. They urge all fans, regardless of age, to have their blood pressure checked, today. And for those of you with high blood pressure, please, follow your doctor's orders. Cut down on salt and alcohol, watch your weight, be physically active, and don't smoke. Strike out stroke, today.

Public Address Announcer Copy

Public address announcer copy during game:

"Ladies and gentlemen. Tonight, the _____ ask you to join them in their Strike Out Stroke campaign to reduce high blood pressure, the leading cause of stroke. During tonight's game, the _____ invite you to drop by the Strike Out Stroke booths located _____ for free blood pressure screening. [Name celebrities] will be on hand to greet fans who drop by to have their blood pressure checked. So please, have your blood pressure checked and Strike Out Stroke today …Thank you.

Strike Out Stroke Radio PSA Script

The _____ want you to join them in their campaign to reduce high blood pressure, the leading cause of stroke in the country. They urge all fans to get their blood pressure checked today. And if you have high blood pressure, you can strike out your risk for stroke by taking your medicine every day, cutting down on salt and alcohol, watching your weight, and being physically active. So, get your blood pressure checked and strike out stroke today. To find out where you can get your blood pressure checked for free, call _____. And strike out stroke today.

(Announcer could also add that free blood pressure screening is being offered during tonight's game at booths at the stadium. [Name celebrities] will be on hand to greet fans who stop by to have their blood pressure checked.)

Strike Out Stroke Video PSA Script (1)

Home run
:30 (for batter)

Video	**Audio**
Open on player in batter's box, awaiting pitch.	Play-by-play announcer voice-over: "It's two strikes on _____."
Pitch delivered, player swings and hits a deep drive. Show ball going over fence and player beginning his home-run trot.	"I'll do anything I can to keep from striking out."
Cut to torso shot of player wearing batting helmet, resting bat on shoulder.	"So I want you to do everything you can to strike out stroke. Get your blood pressure checked. If it's high, follow your doctor's orders. Don't smoke, cut down on salt and alcohol, watch your weight, and be physically active."
Cut to end of player's home-run trot. He's being greeted and exchanging high-fives with his teammates.	"Strike out stroke…and be on the winning team."
Cut to Strike Out Stroke logo.	Announcer voice-over: "The (sponsors) want you to strike out stroke. Get your blood pressure checked today!"

Strike Out Stroke Video PSA Script (2)

Strike-out
:30 (for fielder)

Video	**Audio**
Open with rapid montage of player making plays at the various positions he has played.	Player voice-over: "Although I've played a lot of positions…I'm not a pitcher."
Cut to player, standing on pitcher's mound.	"But I can still tell you how to throw a strikeout. If you have high blood pressure, you can reduce your risk for stroke by taking your medicine, cutting down on salt and alcohol, watching your weight, and being physically active. Also, don't smoke."
Player goes through pitcher's wind-up motion."	"So wind up…
Player throws a pitch toward camera. Cut to footage of team's opponent swinging at a pitch for strike three to end the game. Catcher springs up and rushes toward pitcher's mound to congratulate pitcher.	…and strike out stroke…Be on the winning team."
Cut to Strike Out Stroke logo. Locations and/or phone number for more information appear over logo.	Announcer voice-over: "Strike out stroke. Get your blood pressure checked today. Call _____ for more information."

Strike Out Stroke Video PSA Script (3)

Strike-out
:30 (for pitcher)

Video	**Audio**
Open with pitcher on the mound, peering in at catcher, and throwing a pitch that is swung at and missed by batter for strike one.	Pitcher voice-over: "When I'm on the mound, I've got to throw strikes."
Pitcher delivers another pitch. Batter swings and misses. Strike two.	"If you've got high blood pressure, you've got to throw strikes too. You can reduce your risk for stroke by taking your medication, cutting back on salt and alcohol, watching your weight, and being physically active. Also, please don't smoke."
Close-up of pitcher, nodding in agreement to catcher's sign. Pitcher throws, batter swings and misses. Strike three. Game over. Players rush toward pitcher to offer congratulations.	"So throw strikes…Strike out stroke, and be on the winning team."

Strike Out Stroke Video PSA Script (4)

:60 (for health professional)

Video	Audio
Open with shot of pitcher staring in at catcher and then delivering a pitch. Batter swings and misses for strike three, catcher throws the ball to third baseman. (If available, show close-up of pitcher's face with pleased or relieved expression.)	Voice-over, health professional: "The best way to deal with the pressure of a tight game is to throw a strikeout."
Cut to health professional, in white coat, leaning back against desk in office.	A strikeout is also the best way to deal with high blood pressure. Hi, I'm _____ of _____. High blood pressure and stroke are serious problems in our community. But if you have high blood pressure, you can reduce your risk for stroke by following these easy guidelines:
Cut to blank screen. As professional goes through guidelines, each appears on screen in sequence: 1.Take your medicine every day. 2.Cut down on salt and alcohol. 3.Watch your weight. 4.Be physically active. 5.Don't smoke.	"Take your medicine, every day . . . Cut down on salt and alcohol . . . watch your weight, be physically active . . . and by all means, don't smoke."
Cut back to professional in office.	"High blood pressure has no symptoms. If you don't know your blood pressure, get it checked today. This week _____ is sponsoring free blood pressure screening at locations throughout _____. For the location nearest you, call _____. Please stop by.
Phone number appears on screen below professional.	
Cut to footage of same pitcher throwing strikeout to end game. Players converge on mound to offer congratulations.	"With your help, we can strike out stroke today."

Fan Print Cost Estimating Form

Date:

Estimate No.:

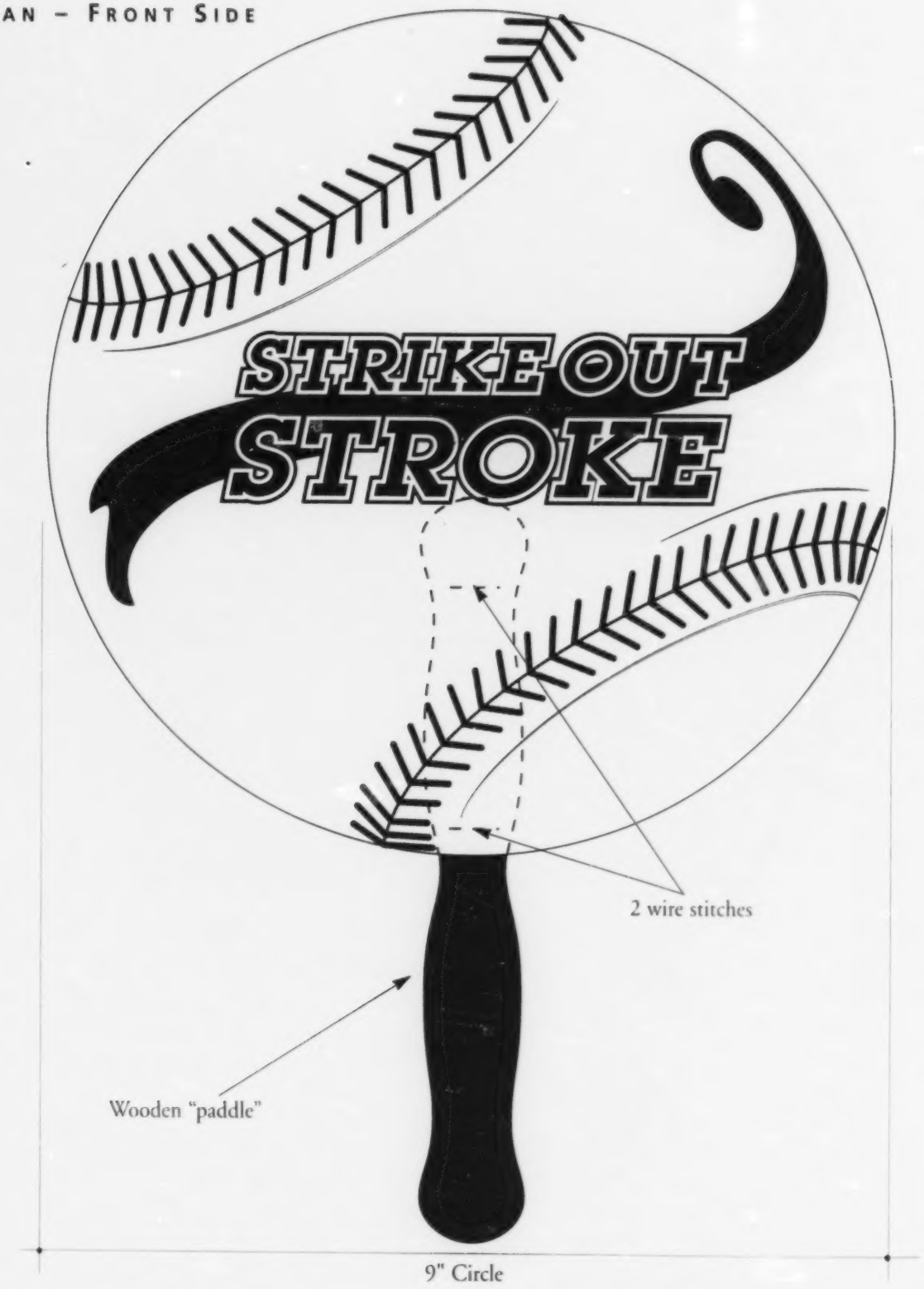
Attn:	Estimator or bid request
	We would like a bid based on the following specifications;
Description:	2 sided "fan" with wooden handle, 9" circle, die cut
Type/Mech:	half-size camera ready art provided
Transparency/Photos:	none
Inks:	black plus one PMS
Proof:	blue line
Bleed:	yes
Paper Stock:	14pt coated, matte or dull
Assembly:	attach wooden handles to fans
Quantity:	_____

Please review the drawings on pages 1, 2 and 3

We look forward to working with you on this project.

Sincerely,

FAN – FRONT SIDE



Fan Art Front

Art provided at 50% of final size, with knock-outs but no traps

PMS Art

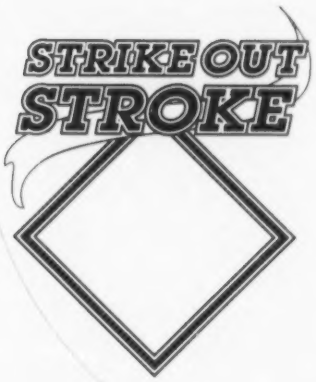
Fan Art Back

Art provided at 50% of final size, with knock-outs but no traps

Know Your
Blood Pressure Number

PMS Art

Get your blood pressure checked
For more information call:

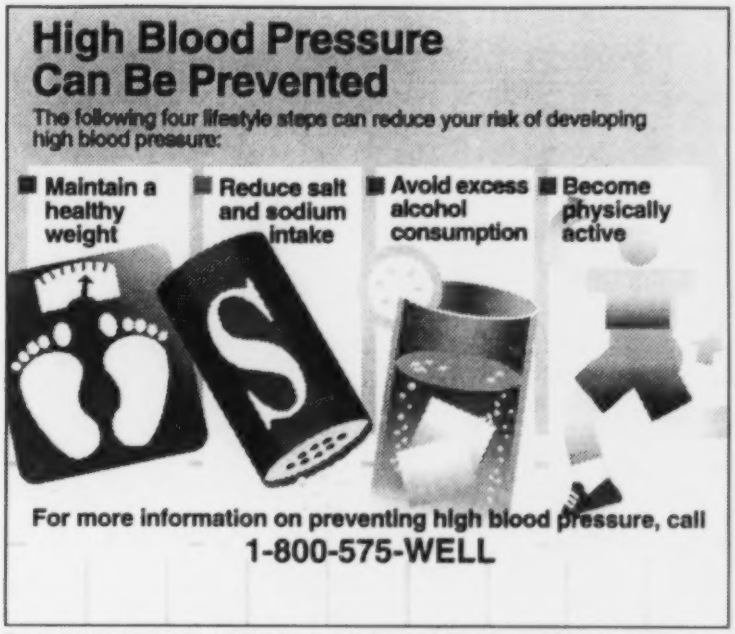


To control Your Blood Pressure...

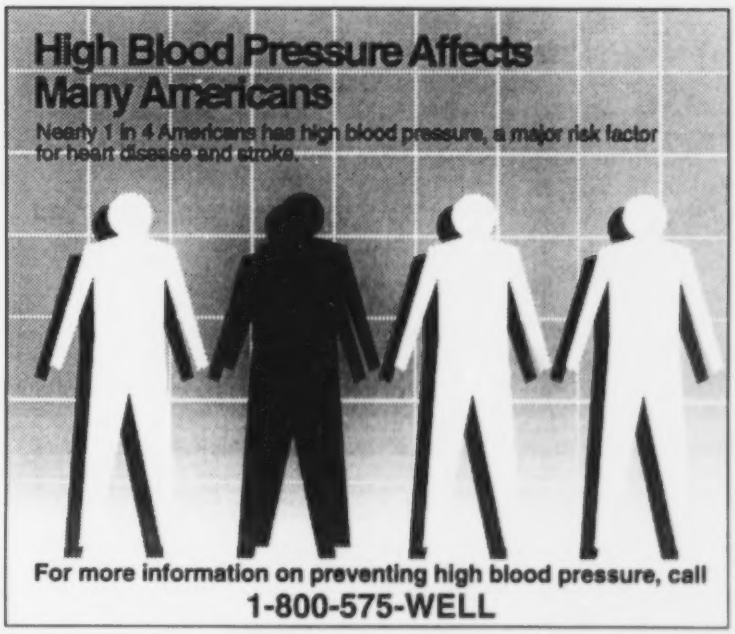
- Maintain a healthy weight
- Be physically active
- Choose foods low in salt and sodium
- Don't drink too much alcohol
- Take your blood pressure pills faithfully (if your doctor has prescirbed them for you)

49

Black Art


High Blood Pressure
Can Be Prevented
The following four lifestyle steps can reduce your risk of developing high blood pressure:
Maintain a healthy weight
Reduce salt and sodium intake
Avoid excess alcohol consumption
Become physically active
S
For more information on preventing high blood pressure, call
1-800-575-WELL

Source: National Heart, Lung, and Blood Institute; National High Blood Pressure Education Program.


High Blood Pressure Affects
Many Americans
Nearly 1 in 4 Americans has high blood pressure, a major risk factor for heart disease and stroke.
For more information on preventing high blood pressure, call
1-800-575-WELL

Source: National Heart, Lung, and Blood Institute; National High Blood Pressure Education Program.

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Control Your
High Blood Pressure

STRIKE OUT STROKE

Strike Out Stroke Night

Date:

_____ **VS** _____

A project of

WALLET CARD

Control Your Blood Pressure and Prevent Stroke

For recorded information on high blood pressure call 1-800-575-WELL

You can reduce your chances of having a stroke by doing the following:

- Control your high blood pressure. If your doctor prescribes pills, take them everyday — even if you feel fine.
- Stop smoking.
- Watch your weight and limit the salt in your diet.
- Be physically active.
- Don't drink too much alcohol.

Name	
Date	
Pressure	
Date	
Pressure	

Scorecard

National Heart, Lung, and Blood Institute

R I.Q.

Prepared by the National Heart, Lung, and Blood Institute • NATIONAL INSTITUTES OF HEALTH

Test your knowledge of high blood pressure with the following questions. Circle each true or false. The answers are given on the back of this sheet:

1. There is nothing you can do to prevent high blood pressure.
   T F
2. If your mother or father has high blood pressure, you'll get it.
   T F
3. Young adults don't get high blood pressure.
   T F
4. High blood pressure has no symptoms.
   T F
5. Stress causes high blood pressure.
   T F
6. High blood pressure is not life-threatening.
   T F
7. Blood pressure is high when it's at or over 140/90 mm Hg.
   T F
8. If you're overweight, you are two to six times more likely to develop high blood pressure.
   T F
9. You have to exercise vigorously every day to improve your blood pressure and heart health.
   T F
10. Americans eat two to three times more salt and sodium than they need.
    T F
11. Drinking alcohol lowers blood pressure.
    T F
12. High blood pressure has no cure.
    T F

How well did you do? ▶

Answers to the High Blood Pressure Prevention I.Q. Quiz

1. FALSE. High blood pressure can be prevented with four steps: keep a healthy weight; become physically active; limit your salt and sodium use; and, if you drink alcoholic beverages, do so in moderation.

2. FALSE. You are more likely to get high blood pressure if it runs in your family, but that doesn't mean you must get it. Your chance of getting high blood pressure is also greater if you're older or an African American. But high blood pressure is NOT an inevitable part of aging and everyone can take steps to prevent the disease—the steps are given in answer 1.

3. FALSE. About 15 percent of those ages 18-39 are among the 50 million Americans with high blood pressure. Once you have high blood pressure, you have it for the rest of your life. So start now to prevent it.

4. TRUE. High blood pressure, or "hypertension," usually has no symptoms. In fact, it is often called the "silent killer." You can have high blood pressure and feel fine. That's why it's important to have your blood pressure checked—it's a simple test.

5. FALSE. Stress does make blood pressure go up, but only temporarily. Ups and downs in blood pressure are normal. Run for a bus and your pressure rises; sleep and it drops. Blood pressure is the force of blood against the walls of arteries. Blood pressure becomes dangerous when it's always high. That harms your heart and blood vessels. So what does cause high blood pressure? In the vast majority of cases, a single cause is never found.

6. FALSE. High blood pressure is the main cause of stroke and a factor in the development of heart disease and kidney failure.

7. TRUE. But even blood pressures slightly under 140/90 mm Hg can increase your risk of heart disease or stroke.

8. TRUE. As weight increases, so does blood pressure. It's important to stay at a healthy weight. If you need to reduce, try to lose 1/2 to 1 pound a week. Choose foods low in fat (especially saturated fat), since fat is high in calories. Even if you're at a good weight, the healthiest way to eat is low fat, low cholesterol.

9. FALSE. Studies show that even a little physical activity helps prevent high blood pressure and strengthens your heart. Even among the overweight, those who are active have lower blood pressures than those who aren't. It's best to do some activity for 30 minutes, most days. Walk, garden, or bowl. If you don't have a 30-minute period, do something for 15 minutes, twice a day. Every bit helps—so make activity part of your daily routine.

10. TRUE. Americans eat way too much salt and sodium. And some people, such as many African Americans, are especially sensitive to salt. Salt is made of sodium and chloride, and it's mostly the sodium that affects blood pressure. Salt is only one form of sodium—there are others. So you need to watch your use of both salt and sodium. That includes what's added to foods at the table and in cooking, and what's already in processed foods and snacks. Americans, especially people with high blood pressure, should eat no more than about 6 grams of salt a day, which equals about 2,400 milligrams of sodium.

11. FALSE. Drinking too much alcohol can raise blood pressure. If you drink, have no more than two drinks a day. The "Dietary Guidelines" recommend that for overall health, women should limit their alcohol to no more than one drink a day. A drink would be 1.5 ounces of 80 proof whiskey, or 5 ounces of wine, or 12 ounces of beer.

12. TRUE. But high blood pressure can be treated and controlled. Treatment usually includes lifestyle changes—losing weight, if overweight; becoming physically active; limiting salt and sodium; and avoiding drinking excess alcohol—and, if needed, medication. But the best way to avoid the dangers of high blood pressure is to prevent the condition.

For more information on high blood pressure, call 1-800-575-WELL, or write to the National Heart, Lung, and Blood Institute Information Center, P.O. Box 30105, Bethesda, MD 20824-0105.

National High Blood Pressure Education Program
National Heart, Lung, and Blood Institute

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
National Institutes of Health
NIH Publication No. 94-3671
September 1994

BEST COPY AVAILABLE

I.Q.

Prepared by the National Heart, Lung, and Blood Institute • NATIONAL INSTITUTES OF HEALTH

Are you cholesterol smart? Test your knowledge about high blood cholesterol with the following statements. Circle each true or false. The answers are given on the back of this sheet.

1 High blood cholesterol is one of the risk factors for heart disease that you can do something about.

T F

2 To lower your blood cholesterol level you must stop eating meat altogether.

T F

3 Any blood cholesterol level below 240 mg/dL is desirable for adults.

T F

4 Fish oil supplements are recommended to lower blood cholesterol.

T F

5 To lower your blood cholesterol level you should eat less saturated fat, total fat, and cholesterol, and lose weight if you are overweight.

T F

6 Saturated fats raise your blood cholesterol level more than anything else in your diet.

T F

7 All vegetable oils help lower blood cholesterol levels.

T F

8 Lowering blood cholesterol levels can help people who have already had a heart attack.

T F

9 All children need to have their blood cholesterol levels checked.

T F

10 Women don't need to worry about high blood cholesterol and heart disease.

T F

11 Reading food labels can help you eat the heart healthy way.

T F

How cholesterol smart are you? ▶

1 True. High blood cholesterol is one of the risk factors for heart disease that a person can do something about. High blood pressure, cigarette smoking, diabetes, overweight, and physical inactivity are the others.

2 False. Although some red meat is high in saturated fat and cholesterol, which can raise your blood cholesterol, you do not need to stop eating it or any other single food. Red meat is an important source of protein, iron, and other vitamins and minerals. You should, however, cut back on the amount of saturated fat and cholesterol that you eat. One way to do this is by choosing lean cuts of meat with the fat trimmed. Another way is to watch your portion sizes and eat no more than 6 ounces of meat a day. Six ounces is about the size of two decks of playing cards.

3 False. A total blood cholesterol level of under 200 mg/dL is desirable and usually puts you at a lower risk for heart disease. A blood cholesterol level of 240 mg/dL is high and increases your risk of heart disease. If your cholesterol level is high, your doctor will want to check your level of LDL-cholesterol ("bad" cholesterol). A HIGH level of LDL-cholesterol increases your risk of heart disease, as does a LOW level of HDL-cholesterol ("good" cholesterol). An HDL-cholesterol level below 35 mg/dL is considered a risk factor for heart disease. A total cholesterol level of 200-239 mg/dL is considered borderline-high and usually increases your risk for heart disease. All adults 20 years of age or older should have their blood cholesterol level checked at least once every 5 years.

4 False. Fish oils are a source of omega-3 fatty acids, which are a type of polyunsaturated fat. Fish oil supplements generally do not reduce blood cholesterol levels. Also, the effect of the long-term use of fish oil supplements is not known. However, fish is a good food choice because it is low in saturated fat.

5 True. Eating less fat, especially saturated fat, and cholesterol can lower your blood cholesterol level. Generally your blood cholesterol level should begin to drop a few weeks after you start on a cholesterol-lowering diet. How much your level drops depends on the amounts of saturated fat and cholesterol you used to eat, how high your blood cholesterol is, how much weight you lose if you are overweight, and how your body responds to the changes you make. Over time, you may reduce your blood cholesterol level by 10-50 mg/dL or even more.

6 True. Saturated fats raise your blood cholesterol level more than anything else. So, the best way to reduce your cholesterol level is to cut back on the amount of saturated fats that you eat. These fats are found in largest amounts in animal products such as butter, cheese, whole milk, ice cream, cream, and fatty meats. They are also found in some vegetable oils—coconut, palm, and palm kernel oils.

7 False. Most vegetable oils—canola, corn, olive, safflower, soybean, and sunflower oils—contain mostly monounsaturated and polyunsaturated fats, which help lower blood cholesterol when used in place of saturated fats. However, a few vegetable oils—coconut, palm and palm kernel oils—contain more saturated fat than unsaturated fat. A special kind of fat, called "trans fat," is formed when vegetable oil is hardened to become margarine or shortening, through a process called "hydrogenation." The harder the margarine or shortening, the more likely it is to contain more trans fat. Choose margarine containing liquid vegetable oil as the first ingredient. Just be sure to limit the total amount of any fats or oils, since even those that are unsaturated are rich sources of calories.

8 True. People who have had one heart attack are at much higher risk for a second attack. Reducing blood cholesterol levels can greatly slow down (and, in some people, even reverse) the buildup of cholesterol and fat in the wall of the coronary arteries and significantly reduce the chances of a second heart attack. If you have had a heart attack or have coronary heart disease, your LDL level should be around 100 mg/dL which is even lower than the recommended level of less than 130 mg/dL for the general population.

9 False. Children from "high risk" families, in which a parent has high blood cholesterol (240 mg/dL or above) or in which a parent or grandparent has had heart disease at an early age (at 55 years or younger), should have their cholesterol levels tested. If a child from such a family has a cholesterol level that is high, it should be lowered under medical supervision, primarily with diet, to reduce the risk of developing heart disease as an adult. For most children, who are not from high-risk families, the best way to reduce the risk of adult heart disease is to follow a low saturated fat, low cholesterol eating pattern. All children over the age of 2 years and all adults should adopt a heart healthy eating pattern as a principal way of reducing coronary heart disease.

10 False. Blood cholesterol levels in both men and women begin to go up around age 20. Women before menopause have levels that are lower than men of the same age. After menopause, a woman's LDL-cholesterol level goes up—and so her risk for heart disease increases. For both men and women, heart disease is the number one cause of death.

11 True. Food labels have been changed. Look on the nutrition label for the amount of saturated fat, total fat, cholesterol, and total calories in a serving of the product. Use this information to compare similar products. Also, look for the list of ingredients. Here, the ingredient in the greatest amount is first and the ingredient in the least amount is last. So to choose foods low in saturated fat or total fat, go easy on products that list fats or oil first, or that list many fat and oil ingredients.

National Cholesterol Education Program
National Heart, Lung, and Blood Institute

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
National Institutes of Health
NIH Publication No. 95-3794
May 1995

I.Q.

Prepared by the National Heart, Lung, and Blood Institute • NATIONAL INSTITUTES OF HEALTH

The following statements are either true or false.
The statements test your knowledge of overweight and heart disease.
The correct answers can be found on the back of this sheet.

T F **1** Being overweight puts you at risk for heart disease.

T F **2** If you are overweight, losing weight helps lower your high blood cholesterol and high blood pressure.

T F **3** Quitting smoking is healthy, but it commonly leads to excessive weight gain which increases your risk for heart disease.

T F **4** An overweight person with high blood pressure should pay more attention to a low-sodium diet than to weight reduction.

T F **5** A reduced intake of sodium or salt does not always lower high blood pressure to normal.

T F **6** The best way to lose weight is to eat fewer calories and exercise.

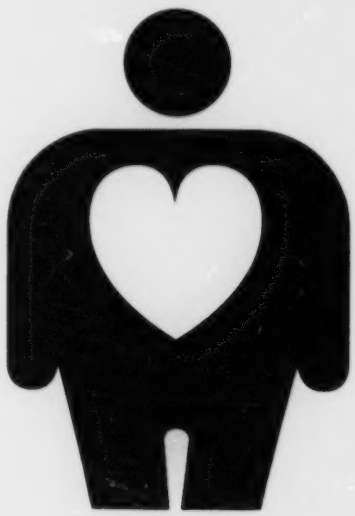
T F **7** Skipping meals is a good way to cut down on calories.

T F **8** Foods high in complex carbohydrates (starch and fiber) are good choices when you are trying to lose weight.

T F **9** The single most important change most people can make to lose weight is to avoid sugar.

T F **10** Polyunsaturated fat has the same number of calories as saturated fat.

T F **11** Overweight children are very likely to become overweight adults.



YOUR SCORE: How many correct answers did you make?

10–11 correct = Congratulations! You know a lot about weight and heart disease. Share this information with your family and friends. **8–9 correct** = Very good. **Fewer than 8** = Go over the answers and try to learn more about weight and heart disease.

ANSWERS TO YOUR WEIGHT AND HEART DISEASE I.Q. TEST

1 True. Being overweight increases your risk for high blood cholesterol and high blood pressure, two of the major risk factors for coronary heart disease. Even if you do not have high blood cholesterol or high blood pressure, being overweight may increase your risk for heart disease. Where you carry your extra weight may affect your risk too. Weight carried at your waist or above seems to be associated with an increased risk for heart disease in many people. In addition, being overweight increases your risk for diabetes, gallbladder disease, and some types of cancer.

2 True. If you are overweight, even moderate reductions in weight, such as 5 to 10 percent, can produce substantial reductions in blood pressure. You may also be able to reduce your LDL-cholesterol ("bad" cholesterol) and triglycerides and increase your HDL-cholesterol ("good" cholesterol).

3 False. The average weight gain after quitting smoking is 5 pounds. The proportion of ex-smokers who gain large amounts of weight (greater than 20 pounds) is relatively small. Even if you gain weight when you stop smoking, change your eating and exercise habits to lose weight rather than starting to smoke again. Smokers who quit smoking decrease their risk for heart disease by about 50 percent compared to those people who do not quit.

4 False. Weight loss, if you are overweight, may reduce your blood pressure even if you don't reduce the amount of sodium you eat. Weight loss is recommended for all overweight people who have high blood pressure. Even if weight loss does not reduce your blood pressure to normal, it may help you cut back on your blood pressure medications. Also, losing weight if you are overweight may help you reduce your risk for or control other health problems.

5 True. Even though a high sodium or salt intake plays a key role in maintaining high blood pressure in some people, there is no easy way to determine who will benefit from eating less sodium and salt. Also, a high intake may limit how well certain high blood pressure medications work. Eating a diet with less sodium may help some people reduce their risk of developing high blood pressure. Most Americans eat more salt and other sources of sodium than they need. Therefore, it is prudent for most people to reduce their sodium intake.

6 True. Eating fewer calories and exercising more is the best way to lose weight and keep it off. Weight control is a question of balance. You get calories from the food you eat. You burn off calories by exercising. Cutting down on calories, especially calories from fat, is key to losing weight. Combining this with a regular exercise program, like walking, bicycling, jogging, or swimming, not only can help in losing weight but also in maintaining the weight loss. A steady weight loss of 1 to 2 pounds a week is safe for most adults, and the weight is more likely to stay off over the long run. Losing weight, if you are overweight, may also help reduce your blood pressure and raise your HDL-cholesterol, the "good" cholesterol.

7 False. To cut calories, some people regularly skip meals and have no snacks or caloric drinks in between. If you do this, your body thinks that it is starving even if your intake of calories is not reduced to a very low amount. Your body will try to save energy by slowing its metabolism, that is decreasing the rate at which it burns calories. This makes losing weight even harder and may even add body fat. Try to avoid long periods without eating. Five or six small meals are often preferred to the usual three meals a day for some individuals trying to lose weight.

8 True. Contrary to popular belief, foods high in complex carbohydrates (like pasta, rice, potatoes, breads, cereals, grains, dried beans and peas) are lower in calories than foods high in fat. In addition, they are good sources of vitamins, minerals, and fiber. What adds calories to these foods is the addition of butter, rich sauces, whole milk, cheese, or cream, which are high in fat.

9 False. Sugar has not been found to cause obesity; however, many foods high in sugar are also high in fat. Fat has more than twice the calories as the same amount of protein or carbohydrates (sugar and starch). Thus, foods that are high in fat are high in calories. High-sugar foods, like cakes, cookies, candies, and ice cream, are high in fat and calories and low in vitamins, minerals, and protein.

10 True. All fats—polyunsaturated, monounsaturated, and saturated—have the same number of calories. All calories count whether they come from saturated or unsaturated fats. Because fats are the richest sources of calories, eating less total fat will help reduce the number of calories you eat every day. It will also help you reduce your intake of saturated fat. Particular attention to reducing saturated fat is important in lowering your blood cholesterol level.

11 False. Obesity in childhood does increase the likelihood of adult obesity, but most overweight children will not become obese. Several factors influence whether or not an overweight child becomes an overweight adult: (1) the age the child becomes overweight; (2) how overweight the child is; (3) the family history of overweight; and (4) dietary and activity habits. Getting to the right weight is desirable, but children's needs for calories and other nutrients are different from the needs of adults. Dietary plans for weight control must allow for this. Eating habits, like so many other habits, are often formed during childhood, so it is important to develop good ones.

For more information, write:
NHLBI Obesity Education Initiative
P.O. Box 30105
Bethesda, MD 20824-0105

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National Heart, Lung, and Blood Institute
NIH Publication No. 93-3034
Reprinted May 1993

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
National Institutes of Health

I.Q.

Prepared by the National Heart, Lung, and Blood Institute • NATIONAL INSTITUTES OF HEALTH

Test how much you know about how physical activity affects your heart. Mark each statement true or false. See how you did by checking the answers on the back of this sheet.

1. Regular physical activity can reduce your chances of getting heart disease.
   _____ T F

2. Most people get enough physical activity from their normal daily routine.
   _____ T F

3. You don't have to train like a marathon runner to become more physically fit.
   _____ T F

4. Exercise programs do not require a lot of time to be very effective.
   _____ T F

5. People who need to lose some weight are the only ones who will benefit from regular physical activity.
   _____ T F

6. All exercises give you the same benefits.
   _____ T F

7. The older you are, the less active you need to be.
   _____ T F

8. It doesn't take a lot of money or expensive equipment to become physically fit.
   _____ T F

9. There are many risks and injuries that can occur with exercise.
   _____ T F

10. You should consult a doctor before starting a physical activity program.
    _____ T F

11. People who have had a heart attack should not start any physical activity program
    _____ T F

12. To help stay physically active, include a variety of activities.
    _____ T F

How well did you do? ▶

Answers to the Check Your Physical Activity and Heart Disease I.Q. Quiz

1 True. Heart disease is almost twice as likely to develop in inactive people. Being physically inactive is a risk factor for heart disease along with cigarette smoking, high blood pressure, high blood cholesterol, and being overweight. The more risk factors you have, the greater your chance for heart disease. Regular physical activity (even mild to moderate exercise) can reduce this risk.

2 False. Most Americans are very busy but not very active. Every American adult should make a habit of getting 30 minutes of low to moderate levels of physical activity daily. This includes walking, gardening, and walking up stairs. If you are inactive now, begin by doing a few minutes of activity each day. If you only do some activity every once in a while, try to work something into your routine everyday.

3 True. Low- to moderate-intensity activities, such as pleasure walking, stair climbing, yardwork, housework, dancing, and home exercises can have both short- and long-term benefits. If you are inactive, the key is to get started. One great way is to take a walk for 10 to 15 minutes during your lunch break, or take your dog for a walk. At least 30 minutes of physical activity everyday can help improve your heart health.

4 True. It takes only a few minutes a day to become more physically active. If you don't have 30 minutes in your schedule for an exercise break, find two 15-minute periods or even three 10-minute periods. These exercise breaks will soon become a habit you can't live without.

5 False. People who are physically active experience many positive benefits. Regular physical activity gives you more energy, reduces stress, and helps you to sleep better. It helps to lower high blood pressure and improves blood cholesterol levels. Physical activity helps to tone your muscles, burns off calories to help you lose extra pounds or stay at your desirable weight, and helps control your appetite. It can also increase muscle strength, help your heart and lungs work more efficiently, and let you enjoy your life more fully.

6 False. Low-intensity activities—if performed daily—can have some long-term health benefits and can lower your risk of heart disease. Regular, brisk, and sustained exercise for at least 30 minutes, three to four times a week, such as brisk walking, jogging, or swimming, is necessary to improve the efficiency of your heart and lungs and burn off extra calories. These activities are called aerobic—meaning the body uses oxygen to produce the energy needed for the activity. Other activities, depending on the type, may give you other benefits such as increased flexibility or muscle strength.

7 False. Although we tend to become less active with age, physical activity is still important. In fact, regular physical activity in older persons increases their capacity to do everyday activities. In general, middle-aged and older people benefit from regular physical activity just as young people do. What is important, at any age, is tailoring the activity program to your own fitness level.

8 True. Many activities require little or no equipment. For example, brisk walking only requires a comfortable pair of walking shoes. Many communities offer free or inexpensive recreation facilities and physical activity classes. Check shopping malls, as many of them are open early and late for people who do not wish to walk alone, in the dark, or in bad weather.

9 False. The most common risk in exercising is injury to the muscles and joints. Such injuries are usually caused by exercising too hard for too long, particularly if a person has been inactive. To avoid injuries, try to build up your level of activity gradually, listen to your body for warning pains, be aware of possible signs of heart problems (such as pain or pressure in the left or mid-chest area, left neck, shoulder, or arm during or just after exercising, or sudden light-headedness, cold sweat, pallor or fainting), and be prepared for special weather conditions.

10 True. You should ask your doctor before you start (or greatly increase) your physical activity **if** you have a medical condition such as high blood pressure, have pains or pressure in the chest and shoulder, feel dizzy or faint, get breathless after mild exertion, are middle-aged or older and have not been physically active, or plan a vigorous activity program. If none of these apply, start slow and get moving.

11 False. Regular, physical activity can help reduce your risk of having another heart attack. People who include regular physical activity in their lives after a heart attack improve their chances of survival and can improve how they feel and look. If you have had a heart attack, consult your doctor to be sure you are following a safe and effective exercise program that will help prevent heart pain and further damage from overexertion.

12 True. Pick several different activities that you like doing. You will be more likely to stay with it. Plan short-term and long-term goals. Keep a record of your progress, and check it regularly to see the progress you have made. Get your family and friends to join in. They can help keep you going.

NHLBI Obesity Education Initiative
National Heart, Lung, and Blood Institute

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
National Institutes of Health
NIH Publication No. 95-3795
May 1995

FOR RECORDED INFORMATION ON HEART HEALTH, CALL 1-800-575-WELL

The Heart-Healthy Eating Plan

The foods you eat play a big part in keeping your heart healthy. But, what exactly is a heart-healthy eating plan? And is a heart-healthy eating plan important for everyone? All healthy Americans, 2 years of age or older, should eat in a way that is lower in total fat, saturated fat, cholesterol, sodium, and extra calories. Heart disease is still the number one killer of both men and women in the United States. High blood cholesterol, high blood pressure, smoking, overweight, and physical inactivity increase your risk of getting heart disease. The good news is that you can change these risk factors and reduce your risk of heart disease.

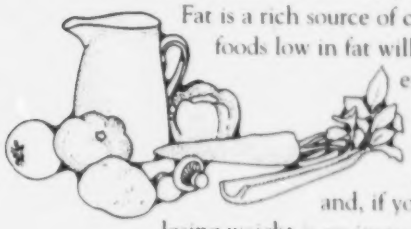
In order to help your family eat in a heart-healthy way, follow these recommendations.

1 Choose foods low in saturated fat.

All foods that contain fat are made up of a mixture of saturated and unsaturated fats. Saturated fat raises your blood cholesterol level more than anything else you eat. The best way to reduce blood cholesterol is to choose foods lower in saturated fat. Less than 10 percent of the calories in your diet should come from saturated fat. One way to help your family do this is by choosing foods such as fruits, vegetables, and whole grains—foods naturally low in total fat and high in starch and fiber.

2 Choose foods low in total fat.

Since many foods high in total fat are also high in saturated fat, eating foods low in total fat will help your family eat less saturated fat. Less than 30 percent of the calories in your diet should come from fat. When you do eat fat, substitute unsaturated fat—either polyunsaturated or monounsaturated—for saturated fat. But, watch the amount. Fat is a rich source of calories, so eating foods low in fat will also help you eat fewer calories. Eating fewer calories can help you lose weight and, if you are overweight, losing weight is an important part of lowering your blood cholesterol.



3 Choose foods high in starch and fiber.

Foods high in starch and fiber are excellent substitutes for foods high in saturated fat. These foods—breads, cereals, pasta, grains, fruits, and vegetables—are low in saturated fat and cholesterol. They are also lower in calories than foods that are high in fat. But limit fatty toppings and spreads like butter and sauces made with cream and whole milk dairy products. Foods high in starch and fiber are also good sources of vitamins and minerals.

When eaten as part of a diet low in saturated fat and cholesterol, foods with soluble fiber—like oat and barley bran and dry peas and beans—may help to lower blood cholesterol.

4 Choose foods low in cholesterol.

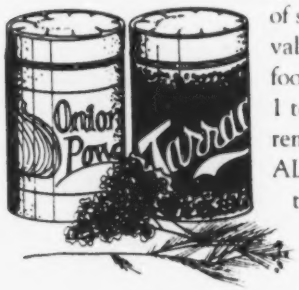
Remember, dietary cholesterol can raise blood cholesterol, although usually not as much as saturated fat. So it's important for your family to choose foods low in dietary cholesterol. Strive for less than 300 milligrams of cholesterol a day. Dietary cholesterol is found only in foods that come from animals. And even if an animal food is low in saturated fat, it may be high in cholesterol; for instance, organ meats (like liver) and egg yolks are low in saturated fat but high in cholesterol. Egg whites and foods from plant sources do not have cholesterol.

Stay Young at Heart is a heart-healthy nutrition education program of the National Heart, Lung, and Blood Institute

5 Choose foods lower in salt and sodium.

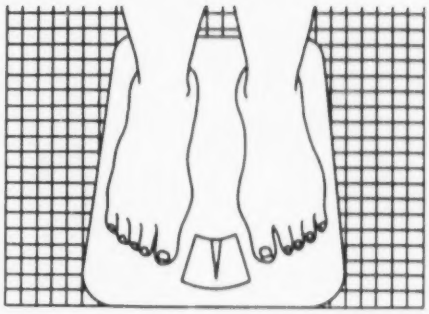
Americans eat more salt (sodium chloride) and other forms of sodium than they need. Often, when people with high blood pressure cut back on salt and sodium, their blood pressure falls. Cutting back on salt and sodium also prevents blood pressure from rising. Some people like African Americans and the elderly are more affected by sodium than others. Since there's really no practical way to predict exactly who will be affected by sodium, it makes sense to limit intake of salt and sodium to help prevent high blood pressure.

Americans, especially people with high blood pressure, should eat no more than about 6 grams of salt a day, which equals about 2,400 milligrams of sodium (the daily reference value you see on the new food label). That's about 1 teaspoon of table salt. But remember to keep track of ALL salt eaten—including that in processed foods and added during cooking or at the table.



6 Maintain a healthy weight, and lose weight if you are overweight.

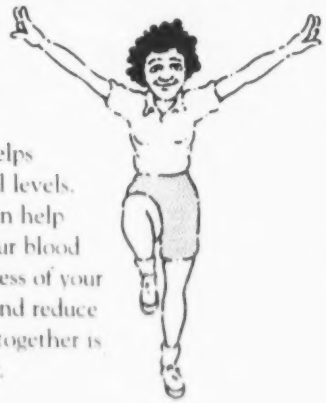
People who are overweight tend to have higher blood cholesterol levels. And, as body weight increases, blood pressure increases. Overweight adults with an "apple" shape—bigger (pot) belly—



tend to have a higher risk for heart disease than those with a "pear" shape—bigger hips and thighs. Whatever your body shape, when you cut the fat in your diet, you cut down on the richest source of calories. However, even some low fat foods are high in calories. So it is not only what you eat but how much you eat. An eating pattern of foods high in starch and fiber, instead of fat and calories, in moderation is a good way to help control weight.

7 Be more physically active.

Being physically active helps improve blood cholesterol levels. Being more active also can help you lose weight, lower your blood pressure, improve the fitness of your heart and blood vessels, and reduce stress. And being active together is great for the entire family.



WANT TO KNOW MORE?

For more information on high blood cholesterol, weight and physical activity, or high blood pressure, contact:

National Cholesterol Education Program

NHLBI Obesity Education Initiative

National High Blood Pressure Education Program

National Heart, Lung, and Blood Institute Information Center
P.O. Box 30105
Bethesda, MD 20824-0105
(301) 251-1222

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Shop to Your Heart's Content

Use this handy guide to shop for a variety of heart-healthy foods. By eating a variety of foods each day, you will get the nutrients you need. Remember to use the new food labels. Look for the words low fat, lean, and light. The federal government has defined these words to help consumers find heart-healthy foods that contain less saturated fat, cholesterol, and sodium.

	Choose MORE Often	Choose LESS Often
Meat, Poultry, Fish, and Shellfish	Lean cuts of meat with fat trimmed before cooking: *Beef*—round, top loin, sirloin, chuck arm pot roast *Lamb*—leg shank, fore shank, whole leg, loin, sirloin *Pork*—tenderloin, sirloin, top loin *Veal*—cutlets, ground, shoulder, sirloin, rib roast Turkey and chicken, skinless Most seafood† Low fat lunchmeat and hotdogs*	Fatty cuts of meat: *Beef*—ribs, brisket, chuck blade roast, ground (regular) *Lamb*—chops and rib *Pork*—spareribs, blade, centerloin Goose, duck Liver, kidney Sausage, bacon Turkey and chicken, with skin Eel, pompano, and mackerel Regular lunchmeat and hotdogs
Dairy Products	Skim or 1-percent milk Nonfat or low fat yogurt Cheese with 3 grams of fat or less per ounce* Low fat or nonfat sour cream	Whole or 2-percent milk Cream, most nondairy creamers Whipped cream or nondairy topping Whole milk yogurt Cheese with more than 3 grams of fat per ounce Sour cream
Eggs	Egg whites Cholesterol-free or cholesterol-reduced egg substitutes*	Egg yolks
Fats and oils	Unsaturated vegetable oils: corn, olive, canola, sesame, soybean, sunflower, safflower Soft margarine made with unsaturated fats listed above as first ingredient Low fat or nonfat salad dressings Reduced or nonfat mayonnaise	Lard, butter, palm kernel oil, palm oil, beef tallow, cocoa butter, coconut oil Hydrogenated fats and oils Margarine or shortening made with fats listed above Dressing made with egg yolk Fried foods
Fruits	Fresh, frozen, canned, dried fruit, and fruit in its own juice	Fried fruit such as fried apples

Shrimp, abalone, and squid are low in fat but high in cholesterol.
Choices may be higher in sodium.

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	CHOOSE MORE OFTEN	CHOOSE LESS OFTEN
Vegetables	Fresh, frozen, or canned* vegetables	Vegetables prepared in butter, cream, sauce, or fried
Breads, cereals, pasta, rice and grains, dry peas and beans	Breads, white or whole grain, such as pita, bagel, English muffin, sandwich buns, dinner rolls Rice cake Corn tortilla Low fat crackers like matzo, bread sticks, rye crackers, saltines* Pancakes, waffles, Lower fat biscuits, muffins, hot cereals, most cold cereals* Rice, barley, bulgur Dry peas and beans Pasta	Croissants, pastry, doughnuts, coffee cake, butter rolls Snack crackers like cheese and butter crackers Pasta, grain, and potato dishes made with cream, butter, or cheese Egg noodles Chow mein noodles, canned Regular granola cereals
Sweets and snacks	Nonfat and low fat frozen desserts like sherbet, sorbet, Italian ice, frozen yogurt, frozen fruit juice bars Low fat or nonfat baked goods like brownies, cakes, cupcakes, pastries, fig and other fruit bars, vanilla or lemon wafers, graham crackers, gingersnaps Jelly beans, hard candy, fruit leather Plain popcorn, pretzels, no-oil baked chips* *(Remember that baked goods and frozen desserts are high in sugar and may be high in calories.)*	High-fat frozen desserts, like ice cream, frozen tofu, whole-milk frozen yogurt High-fat baked goods, like most store-bought pound and frosted cakes, pies, cookies Milk chocolate Fried chips and buttered popcorn

*Choices may be higher in sodium

DO YOU KNOW

How Much You Are Serving?

Learning about portion sizes is an important part of being in control of what you eat. Here are some tips to help you know just how much you're getting.

- **Jar lid:** A piece of meat the size of a pint or quart mayonnaise jar lid is about 3 ounces.
- **Deck of cards:** A standard deck of cards is about the same size as 3 ounces of meat, poultry, or fish.
- **Measuring cups:** To find out how much you're serving your family at meals, try dishing it up with measuring cups. After a few tries, it should be easy to judge how big the portions are.

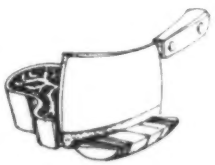
How Much Sodium is in Your Food?

- *Most canned vegetables, vegetables juices, and frozen vegetables with sauce are higher in sodium than fresh or frozen ones cooked without added salt.*
- *Sodium content of milk and milk products varies. Lowest are milk and yogurt. Natural cheese contains a bit more, followed by cottage cheese, then processed cheeses, cheese foods, and cheese spreads.*
- *Most fresh meats, poultry, and fish are low in sodium. Most cured and processed meats such as hotdogs, sausage, and lunchmeats are higher in sodium because sodium is used as a preservative.*
- *"Convenience" foods such as frozen dinners and combination dishes, canned soups, and dehydrated mixes for soups, sauces, and salad dressings often contain a lot of sodium.*

Cooking the Heart-Healthy Way

Now it's time to learn about some easy cooking tips to cut down on saturated fat, cholesterol, and sodium.

Meat, Poultry, and Fish



Before cooking meat, poultry, or fish:

- Trim fat from meat; remove the skin and fat from poultry.
- If you buy tuna or other canned fish packed in oil, rinse it in a strainer before cooking. Better yet, buy canned fish packed in water. If you are watching your sodium to help lower blood pressure, be sure to rinse the fish whether it is packed in oil or water.

Changes in your cooking style also can help to lower fat.

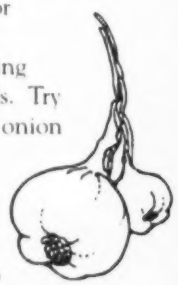
- Bake, broil, microwave, poach, or roast instead of frying.
- When you do fry, use a nonstick pan and a nonstick cooking spray or a very small amount of oil or margarine.
- When you roast meat or make meatloaf, place the meat on a rack so the fat can drip away.
- When a recipe calls for ground meat, brown the meat and drain well before adding to other ingredients.
- If you baste meats and poultry, use fat free ingredients like wine, tomato juice, lemon juice, or defatted beef or chicken broth instead of the fatty drippings.

Sauces, Soups, and Casseroles

- After making sauces or soups, cool them in the refrigerator and skim the fat from the top. Treat canned broth-style soups the same way. Try low sodium or reduced sodium soups.
- When making casseroles with cheese, try lower fat cheese. Or use less regular cheese than what the recipe calls for. If you use a sharp-flavored cheese, you won't taste the difference.
- When you make creamed soup or white sauces, use skim, 1-percent, or evaporated skim milk instead of 2-percent milk, whole milk, or cream. To make a low fat sauce, thicken it with cornstarch or flour.
- Make main dishes with pasta, rice, or dry peas and beans. If you add meat, use small pieces just for flavoring instead of the main ingredient.

Seasoning and Condiments

- Use small amounts of lean meats instead of salt pork or fat back to flavor vegetables while cooking.
- Flavor cooked vegetables with herbs or butter-flavored seasoning instead of butter or margarine.
- Use herbs, spices, and no salt seasoning blends to bring out the flavor of foods. Try using garlic, garlic powder, onion, or onion powder instead of garlic salt and onion salt.
- Use salt sparingly in cooking, and use less salt at the table. Reduce the amount a little each day until no salt is used.
- Limit salty condiments like olives and pickles.



Convenience Foods

And for those times when you don't feel like cooking:

- Use your own convenience foods—low fat casseroles and soups that you have cooked ahead and then frozen in small batches.
- Check the nutrition label to choose frozen dinners and pizzas that are lower in saturated fat, cholesterol, and sodium. Make sure the dinners have vegetables, fruits, and grains—or add them on the side.
- Use fewer sauces, mixes, and "instant" products, including flavored rices, pastas, and cereal, which usually have added salt.
- Use vegetables that are fresh, frozen without sauce, or canned with no salt added.

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New Ways to Use Favorite Recipes

Lots of special cookbooks and recipe booklets can help you lower the fat, saturated fat, cholesterol, and sodium when you cook. But you don't have to throw out your favorite cookbook or recipes that you've been using for years. Just cut down on the high fat, high sodium ingredients, and substitute ingredients that are lower in saturated fat, cholesterol, and sodium as much as possible. Some recipes may change in texture and consistency when you use these substitutions.

Recipe Substitutions

Instead of	Use
Whole milk	Skim or 1 percent milk
Evaporated milk	Evaporated skim milk
Light cream	Equal amounts of 1 percent milk and evaporated skim milk
Heavy cream	Evaporated skim milk
1 cup butter	1 cup soft margarine or ⅔ cup vegetable oil*
Shortening or lard	Soft margarine*
Mayonnaise or salad dressing	Nonfat or light mayonnaise or salad dressing; mustard in sandwiches
1 whole egg	¼ cup egg substitute or 2 egg whites
Cheese	Lower fat cheese+
Cream cheese	Nonfat or light cream cheese
Sour cream	Nonfat or low fat sour cream or yogurt
Fat for greasing pan	Nonstick cooking spray
1 ounce baking chocolate	3 tablespoons cocoa powder plus 1 tablespoon vegetable oil
Regular bouillon or broth	Low sodium bouillon and broth
Fatback, neck bone, or ham hocks	Skinless chicken thighs
Pork bacon	Turkey bacon, lean ham, or Canadian bacon (omit if on low sodium diet)
Pork sausage	Ground skinless turkey breast
Ground beef and pork	Ground skinless turkey breast

* The texture of baked goods may be different when you use these substitutions. "Light" margarine is not recommended for baking. Experiment to find out what works best for you.

\+ Some salad dressings, processed cheeses, and cottage cheese are very high in sodium. Omit if on a low sodium diet or substitute a product that is low in sodium and fat.

If you or someone you know is on a low cholesterol or low sodium diet, you can contact the NHLBI Information Center at P.O. Box 30105, Bethesda, MD 20824-0105 for more information on how to follow these eating plans.

WALKING FOR HEART HEALTH

The American way of life has changed the American way of fitness. Today, few jobs require regular or vigorous physical activity. Many Americans ride rather than walk, use elevators instead of stairs, and sit at home rather than being physically active during free time.

Evidence suggests that even low- to moderate-intensity activities can have both short-and long-term benefits. If performed daily, they help lower your risk of heart disease. For inactive people, the trick is to get started.

Walking is an easy way to begin a physical activity program because it does not require special facilities or equipment other than well-made, comfortable shoes and a safe place to walk.

Below is a sample walking program. If you find a particular week's pattern tiring, repeat it before going on to the next pattern. You do not have to complete the walking program in 15 weeks. Use the walking log on the reverse side to chart your progress.

Sample Walking Program *(3 sessions per week)*

	Warm Up	Exercise Period	Cool Down	Total
Week 1	**Walk slowly** 5 minutes	**Walk briskly** 5 minutes	**Walk slowly** 5 minutes	**15 minutes**
Week 2	**Walk slowly** 5 minutes	**Walk briskly** 7 minutes	**Walk slowly** 5 minutes	**17 minutes**
Week 3	**Walk slowly** 5 minutes	**Walk briskly** 9 minutes	**Walk slowly** 5 minutes	**19 minutes**
Week 4	**Walk slowly** 5 minutes	**Walk briskly** 11 minutes	**Walk slowly** 5 minutes	**21 minutes**
Week 5	**Walk slowly** 5 minutes	**Walk briskly** 13 minutes	**Walk slowly** 5 minutes	**23 minutes**
Week 6	**Walk slowly** 5 minutes	**Walk briskly** 15 minutes	**Walk slowly** 5 minutes	**25 minutes**
Week 7	**Walk slowly** 5 minutes	**Walk briskly** 18 minutes	**Walk slowly** 5 minutes	**28 minutes**
Week 8	**Walk slowly** 5 minutes	**Walk briskly** 20 minutes	**Walk slowly** 5 minutes	**30 minutes**
Week 9	**Walk slowly** 5 minutes	**Walk briskly** 23 minutes	**Walk slowly** 5 minutes	**33 minutes**
Week 10	**Walk slowly** 5 minutes	**Walk briskly** 26 minutes	**Walk slowly** 5 minutes	**36 minutes**
Week 11	**Walk slowly** 5 minutes	**Walk briskly** 28 minutes	**Walk slowly** 5 minutes	**38 minutes**
Week 12	**Walk slowly** 5 minutes	**Walk briskly** 30 minutes	**Walk slowly** 5 minutes	**40 minutes**

After week 12, continue with at least three exercise sessions per week.
Gradually increase your brisk walking time to 30–60 minutes, three or four times per week.

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Walking Log

Use the Walking Log to keep track of how many minutes you walk per day.

Week	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Week 1							
Week 2							
Week 3							
Week 4							
Week 5							
Week 6							
Week 7							
Week 8							
Week 9							
Week 10							
Week 11							
Week 12							

For more information on physical activity, write for the pamphlet,
Exercise And Your Heart: A Guide to Physical Activity
available from the NHLBI Information Center, P.O. Box 30105, Bethesda, MD, 20824-0105.

What's New About the New Food Label?

Let's take a look at the new food label. Nutrition labeling is available on almost all packaged and processed foods. Some fresh fruits and vegetables and raw fish, meat and poultry may also have it. Check for the amount of saturated fat, total fat, cholesterol, sodium, and calories on a food product's nutrition label. Compare similar products to find the one with the smallest amounts. Here is an example to show you how to read the label.

Product:

Check for:

Nutrition Facts

Serving Size 1 cup (228g)
Servings Per Container 2

Amount Per Serving

Calories 250 Calories from Fat 110

	% Daily Value*
Total Fat 12g	**18%**
Saturated Fat 3g	**15%**
Cholesterol 30mg	**10%**
Sodium 470mg	**20%**
Total Carbohydrate 31g	**10%**
Dietary Fiber 0g	**0%**
Sugars 5g	
Protein 5g	

Vitamin A 4% • Vitamin C 2%
Calcium 20% • Iron 4%

* Percent Daily Values are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs:

	Calories	2,000	2,500
Total Fat	Less than	65g	80g
Sat Fat	Less than	20g	25g
Cholesterol	Less than	300mg	300mg
Sodium	Less than	2,400mg	2,400mg
Total Carbohydrate		300g	375g
Dietary Fiber		25g	30g

Calories per gram:
Fat 9 • Carboydrates 4 • Protein 4

- Serving size
- Number of servings
- Calories
- Total fat in grams
- Saturated fat in grams
- Cholesterol in milligrams
- Sodium in milligrams

Here, the label gives the amounts for the different nutrients in one serving. Use it to help you keep track of how much fat, saturated fat, cholesterol, sodium, and calories you are getting from different foods.

- The "% Daily Value" shows you how much of the recommended amounts the food provides in one serving, if you eat 2,000 calories a day. For example, one serving of this food gives you 18 percent of your total fat recommendation.
- Here you can see the recommended daily amounts for each nutrient for two calorie levels. If you eat a 2,000 calorie diet, you should be eating less than 65 grams of fat and less than 20 grams of saturated fat. If you eat 2,500 calories a day, you should eat less than 80 grams of fat and less than 25 grams of saturated fat. Your daily amounts may vary higher or lower depending on the calories you eat.

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If there is no nutrition label, *look for the list of ingredients. All labels list the product's ingredients in order by weight. The ingredient in the greatest amount is listed first. The ingredient in the least amount is listed last. To choose foods lower in saturated fat or total fat, limit your use of products that list any fat or oil first—or that list many fat and oil ingredients. Use the list below to find the names of saturated fat and cholesterol sources in foods.*

Sources of Saturated Fat and Cholesterol

Animal fat	Coconut	Hydrogenated vegetable oil	Pork fat
Bacon fat	Coconut oil	Lamb fat	Turkey fat
Beef fat	Cream	Lard	Vegetable oil*
Butter	Egg and egg-yolk solids	Palm kernel oil	Vegetable shortening
Chicken fat	Ham fat	Palm oil	Whole-milk solids
Cocoa butter	Hardened fat or oil		

**Could be coconut or palm oil.*

♥ ♥

In addition to the list of ingredients and the nutrition information *that are on packaged foods, you'll see certain claims on some food packages. You can believe these claims since they are now regulated by the government. The table below explains what these claims mean.*

Saturated Fat

Saturated fat free*: . . . . . .Less than ½ gram of saturated fat in a serving.

Low saturated fat:** . . . . . .1 gram saturated fat or less in a serving and 15 percent or less of calories from saturated fat. For a meal or main dish: 1 gram saturated fat or less in 100 grams of food and less than 10 percent of calories from saturated fat.

Cholesterol

Cholesterol free*: . . . . . .Less than 2 milligrams (mg) cholesterol in a serving; saturated fat content must be 2 grams or less.

Low cholesterol:** . . . . . .20 mg cholesterol or less in a serving; saturated fat content must be 2 grams or less in a serving. For a meal or main dish: 20 mg cholesterol or less in 100 grams of food, with saturated fat content less than 2 grams in a serving.

Fat

Fat free*: . . . . . .Less than ½ gram fat in a serving.

Low fat:** . . . . . .3 grams total fat or less in a serving.
For a meal or main dish: 3 grams total fat or less in 100 grams of food and not more than 30 percent calories from fat.

Percent fat free: . . . . . .A food with this claim also must meet the low fat claim.

Calories

Calorie free*: . . . . . .Less than 5 calories in a serving.

Low calorie:** . . . . . .40 calories or less in a serving.
For a meal or main dish:120 calories or less in 100 grams of food.

Sodium

Sodium free*: . . . . . .Less than 5 mg sodium in a serving.

Low sodium:** . . . . . .140 mg sodium or less in a serving.
For a meal or main dish: 140 mg sodium or less in 100 grams of food.

Very low sodium: . . . . . .35 mg or less in a serving.

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* *Words that mean the same as free include "no," "zero," "without," "trivial source of," negligible source of," and "dietarily insignificant source of."*

** *Words that mean the same as low include "contains a small amount of," "low source of," "few," and "little."*

Light → **A product has been changed to have half the fat or one-third fewer calories than the regular product.**

- The sodium in a low calorie, low fat food has been cut by 50 percent.
- A meal or main dish is low fat or low calorie.
- "Light" also may be used to explain the color or texture of a food, as long as the label explains this: "light brown sugar" or "light and fluffy."

Lean/Extra Lean → **Two terms are used to describe the fat content of meat, poultry, fish, and shellfish:**

Lean: Less than 10 grams fat, 4½ grams or less of saturated fat, and less than 95 mg cholesterol in a serving.

Extra lean: Less than 5 grams fat, less than 2 grams saturated fat, and less than 95 mg cholesterol in a serving.

Reduced/Less/Fewer → **A food has at least 25 percent less of something like calories, fat, or sodium than the regular food or a similar food to which it is compared.**

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